FORM 4

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEME
obligations may continue. See	

## ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     STEVENS BRIAN MARK					2. Issuer Name and Ticker or Trading Symbol Nutanix, Inc. [ NTNX ]								(Ch	eck all app	ationship of Reporting F k all applicable) Director		Person(s) to Issuer 10% Owner		
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023								Office below	er (give title		Other (s below)	specify	
C/O NUTANIX, INC. 1740 TECHNOLOGY DR., SUITE 150				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applic ne)  X Form filed by One Reporting Person				·		
(Street) SAN JOSE CA 95110					Dul										Form filed by More than One Reporting Person				orting
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Non-	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3ene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)						Exec if an	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securitie Disposed 0 5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefic	ies cially Following	Form (D) or	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			
Class A Common Stock 12/08/2					/2023				A		6,088(1)	) A \$		\$ <mark>0</mark>	49,335(2)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ative   Conversion   Date rity   or Exercise   (Month/Day/Year)   Execution Date, if any			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Date Expiration Date		Title	or Number of Title Shares									

## **Explanation of Responses:**

1. Reflects shares that the Reporting Person will receive upon the settlement of restricted stock units ("RSUs"), which will vest in full on the earlier of (i) the day prior to the next annual meeting of the Issuer's shareholders held after the date of grant or (ii) the one-year anniversary of the date of grant, in each case, subject to the Reporting Person continuing to provide service to the Issuer through the applicable vesting date. Each RSU represents a contingent right to receive one share of Issuer's Class A common stock.

2. The amount reported includes 6,088 unvested RSUs, which are issuable into shares of the Issuer's Class A common stock upon vesting.

/s/ Raymond Hum, Attorney 12/12/2023 in Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.