FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

					0.	0000.0	00()	0			ompany Act	0. 20.0							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Nutanix, Inc. [ NTNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Potti Sunil						2001112	<u>.,</u>	L -		. 1					Direc	ctor	10% (	Owner	
, , ,	(F:			`	-   -	Ooto of	Corlina	t Tro	nontin	o (Mont	h/Doy/Voor)		_	X	Office	er (give title w)	Other below	(specify	
(Last)	(Fir	rst) (	Middle	2)		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2017								Chief	f Product/D	evelopment (	Ofcr		
C/O NUTANIX, INC.					100/	00/13/2017								O.I.I.C.	r roudeu D	cveropinene	3101		
1740 TECHNOLOGY DRIVE, SUITE 150																			
					_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6	6. Individual or Joint/Group Filing (Check Applicable						
(Stroot)							,			•	`	,	ւ	.ine)			•		
(Street)												X	X Form filed by One Reporting Person						
SAN JOSE CA 95110												Form filed by More than One Reporting							
					-										Pers	on		-	
(City)	(St	ate) (	Zip)																
		Tabl	e I -	Non-Deriv	/ative	Seci	uritie	s A	cquir	ed, Di	sposed o	f, or E	Benefici	ally (	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transactio	on	2A. Deemed 3			3.	3. 4. Securities Acquired (A) or			(A) or	5. Amount of			6. Ownership	7. Nature	
Date (Month/Day/Ye				Year)	ear) Execution Date, if any (Month/Day/Yea		·		ction [				)	Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock 08/15/201				17	17		S		10,000(1)	D	\$21.43	<b>44</b> <sup>(2)</sup>	1	23,603	D				
		Та	ble I	I - Derivat	tive S	ecuri	ties	Aca	uired	, Disp	osed of,	or Be	neficial	ly Ov	vned				
											convertib								
1. Title of Derivative Security (Instr. 3)  2. Conversion of Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)				ution Date,		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			and it of ites ying tive y (Instr. 3	8. Price Derivati Securiti (Instr. 5		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The sale reported was effected pursuant to the Reporting Person's 10b5-1 Plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at sale prices ranging from \$21.26 to \$21.94. The Reporting Person undertakes to provide the full information regarding the number of shares sold at each separate price upon further request.

## Remarks:

<u>/s/ Olive Huang, by power of</u> attorney

08/17/2017

\*\* 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.