FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OIMB API	PROVAL								
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* STEVENS BRIAN MARK						2. Issuer Name and Ticker or Trading Symbol Nutanix, Inc. [NTNX]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SIEVENS BRIAN MAKK						[[[[[[[[[[[[[[[[[[[[Direct	tor		10% Ov	vner	
(Last)	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					3. Date of Earliest Transaction (Month/Day/Year) 12/13/2024								Officer (give title Other (specify below)					
C/O NU	ΓΑΝΙΧ, IN	C.																	
1740 TECHNOLOGY DR., SUITE 150						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															_	filed by On	e Ren	orting Perso	nn.
SAN JOS	SE CA	A 9	5110											Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)												Feis	JII			
(,)																			
		Table	I - No	n-Deriva	ative S	Secu	ırities	Acq	juired,	Dis	posed of	f, or l	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Date,	Transaction Disposed Of (I Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			Benefi Owned	ties cially I Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A (D) or)	Price		ction(s) and 4)			(Instr. 4)
Class A Common Stock 12/13/2						2024		A		3,646(1)) .	A	\$0	52	52,981(2)		D		
		Tal									osed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	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)	Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber ires					

- 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 3,646 unvested RSUs, which are issuable into shares of the Issuer's Class A common stock upon vesting.

/s/ Raymond Hum, Attorney 12/17/2024

** 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.