FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN I	BENEFI	CIAL	OWNE	ERSHIP
STATEMENT	OF	CHANGES	IN	BENEFI	CIAL	OWNE	ERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

Name and Address of Reporting Person* Conway Craig				2. Issuer Name and Ticker or Trading Symbol Nutanix, Inc. [NTNX]							(Che	5. Relationship of Reporting Person(s) t (Check all applicable) X Director 10%			on(s) to Is						
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023									Office below	er (give title		Other (s	specify			
C/O NUTANIX, INC. 1740 TECHNOLOGY DR., SUITE 150					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street) SAN JOS	(Street) SAN JOSE CA 95110				Form filed by More than One Reporting Person										orting						
(City)	(Sta	, ,	Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								Instructi	o a contract, instruction or written plan that is intended to astruction 10.						
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution [Date,	Code (Instr				(A) or 3, 4 and	Securit Benefic Owned	rities Fificially (E		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code V An		Amount	ount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(1115tr. 4)		
Class A C	Common Sto	ock		12/08/	/2023				A		6,088(1)) A		\$ <mark>0</mark>	39,451 ⁽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)	ivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		vative irities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D Se (Ii	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code V (A)		(D)	Date Exercisable		Expiration Date	Amount or Number of Shares		ber								

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.