FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	OMB APPROVAL						
OMB Number:	3235-0104						
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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

1. Name and Address of Reporting Person* <u>CANADA PENSION PLAN</u> <u>INVESTMENT BOARD</u>			Date of Event equiring Staten Month/Day/Year 0/25/2016	g Statement Day/Year) Nutanix, Inc. [NTNX]							
(Last) ONE QUEEN	(First) STREET EAS	(Middle)				elationship of Reporting Pers ck all applicable) Director X Officer (give title		10% Owne	er [If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check	
SUITE 2500 (Street)	A.C.	MEC STATE				below)		below)	, 1,	Applicable Line) X Form filed b	by One Reporting Person
TORONTO (City)	A6 (State)	M5C 2W5 (Zip)								reporting r	CISCII
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr.	4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Class A Common Stock, \$0.000025 par value per share						1,924,407		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			Expiration Da	Date Exercisable and piration Date onth/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit			4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title			Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

By: /s/ Patrice Walch-Watson, Name: Patrice Walch-Watson,

Title: Senior Managing

Director, General Counsel &

10/28/2016

Corporate Secretary

** 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 5 (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.