FORM 4

☐ 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

☐ 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.

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
 Murphy Joh:	n Francis	;		F	ure	Storag	ge, Inc. [PS	TG]				,			
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director	X_ Director10% Owner Officer (give title below) Other (specify below)			
C/O PURE STORAGE, INC., 2555 AUGUSTINE DRIVE					4/5/2024							omeer (gr	ve title below	,oa.	er (speerly e	cio")
110 000111	(Stree			4	. If Ar	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
SANTA CLARA, CA 95054 (City) (State) (Zip)					4/9/2024								X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
			Table I	- Non-D	erivat	ive Secu	ırities Acc	quir	ed, Dis	sposed o	f, or l	Beneficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans.			2. Trans. Dat	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price	:			or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common St	ock			4/5/2024			S		7,500	D	\$52.8	(1).		28,896	D	
	Tabl	le II - Der	ivative S	Securitie	s Ben	eficially	Owned (e .g.,	puts,	calls, wa	rrant	s, options, conve	rtible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se	3A. Deem Execution Date, if an	n (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		Secur Deriv	e and Amount of ties Underlying ative Security 3 and 4)	derlying Derivative Security Security		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Dat Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		

Explanation of Responses:

(1) The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$52.80 to \$52.82 per share, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

Amended to correct the name of the Reporting Person from Pure Storage, Inc. to John Francis Murphy.

Reporting Owners

1 9								
Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Murphy John Francis C/O PURE STORAGE, INC. 2555 AUGUSTINE DRIVE SANTA CLARA, CA 95054	X							

Signatures

**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 control number.