

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

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

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## 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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Chu Mona					P	Pure Storage, Inc. [ PSTG ]								nicaoic)				
(Last)	(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner  X Officer (give title below) Other (specify below)					
2555 AUGUSTINE DRIVE						6/2/2023								Chief Accounting Officer				
(Street)					4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
SANTA CLARA, CA 95054													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication												
					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.													
			Table	e I - N	on-De	rivati	ve Sec	curities A	cqu	ired, D	isposed	of, or l	Bene	eficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. Da					te 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Secur Following Reported (Instr. 3 and 4)		rities Beneficially Owned d Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership	
							Code	Code V Amount (A) or (D) Price				or Indirect (I) (Instr. 4)	(Instr. 4)					
Class A Common Stock 6/2/2023				023	S 11053 D \$34.3688 (1) 162991			D										
	Tabl	le II - Der	ivativ	e Seci	ırities	Bene	ficiall	y Owned	l ( <i>e.</i> g	z., puts,	calls, v	varrant	ts, op	ptions, conver	tible secu	ırities)		
			4. Trans (Instr. 8		Acquir	tive Securiti ed (A) or ed of (D) 3, 4 and 5)	es a	and Expiration Date Secur Deriv (Instr			ecurities Underlying terivative Security nstr. 3 and 4)			9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)		Date Exercisable	Expiration Date	Title	Amou Share	unt or Number of		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 \$34.35 to \$34.41 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.

**Reporting Owners** 

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Chu Mona								
2555 AUGUSTINE DRIVE			Chief Accounting Officer					
SANTA CLARA, CA 95054								

## **Signatures**

/s/ Todd Wheeler, attorney-in-fact 6/4/2023 \*\*Signature of Reporting Person

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). \*\*

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.