### 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 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 APPROVAL
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# 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. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
Singh Ajay					Pu	re S	Storag	ge, Inc. [	PS	STG]				(Check all app	licable)			
					2 Г	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner				
(Last)	(First)	(Mı	ddle)		5. 1	5. Date of Earliest Transaction (MM/DD/YYYY)						X Officer (give title below) Other (specify below)						
						2/20/2024								Chief Product Officer				
2555 AUGUSTINE DRIVE						3/20/2024								emer i roude	Omeer			
(Street)					4. I	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					
(Ci	ty) (Stat	te) (Zip	o)													1 0		
			Table						•	<del>- ´</del>				eficially Owne			I.	
1.Title of Security (Instr. 3)			1	ZA. D Execu Date,			de	or Disposed of (D)			F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership			
								Code	V	Amour	(A) or (D)	Pric	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common Sto	ock			3/20	/2024			F		39,960	( <u>1</u> ) <b>D</b>	\$49.7	78			418,422 (2)	D	
	Tabl	le II - Der	ivativ	e Seci	ırities l	Bene	eficially	Owned (	e.g.,	•	•	rrant	ts, o	ptions, conver	tible secu			
			4. Trans. (Instr. 8)	Code 5. Number of Derivative Securi Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve Securities d (A) or d of (D)	6. Date Exercisable and Expiration Date					Underlying Security	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	ercisable	Expiration Date		Amo Shar	ount or Number of res		Transaction(s) (Instr. 4)		

#### **Explanation of Responses:**

- (1) Represents shares that have been withheld by the Issuer to satisfy its income tax withholding and remittance obligations in connection with the vesting and net settlement of the Reporting Person's equity awards, previously reported on a Form 4, and does not represent a sale by the Reporting Person.
- (2) Includes 365 shares of Class A Common Stock that were acquired by the Reporting Person on March 15, 2024 pursuant to Issuer's Employee Stock Purchase Plan.

#### **Reporting Owners**

reporting o where	_							
Panarting Oyynar Nama / Addrag	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Singh Ajay								
2555 AUGUSTINE DRIVE			Chief Product Officer					
SANTA CLARA, CA 95054								

#### **Signatures**

/s/ Todd Wheeler, attorney-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 control number.