

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

# 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 <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
Krysler P. Kevan	Pure Storage, Inc. [ PSTG ]	(Check all applicable)			
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Director 10% Owner X Officer (give title below) Other (specify below)			
2555 AUGUSTINE DRIVE	6/20/2025	Chief Financial Officer			
(Street)	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)					

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

				1	, I		,	0		
1. Title of Security	2. Trans. Date	2A. Deemed	d 3. Trans. Code		4. Securities Acquired (A)		red (A)	5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8)		or Disposed of (D)			Following Reported Transaction(s)	Ownership	of Indirect
		Date, if any		(Instr. 3, 4 and 5)			(Instr. 3 and 4)		Beneficial	
									Ownership	
									or Indirect	(Instr. 4)
						(A) or			<ol><li>(I) (Instr.</li></ol>	
			Code	V	Amount	(D)	Price		4)	
Class A Common Stock	6/20/2025		F		9,562 <sup>(1)</sup>	D	\$52.87	560,556	D	

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

								0.1	-						
1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C	Code	5. Number	of	6. Date Exer	rcisable	7. Titl	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	and Expirati	ion Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A	A) or	-		Deriv	ative Security	Security	Securities	Form of	Beneficial
[· · ·	Price of					Disposed o	f (D)			(Instr.	. 3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4	and 5)			-			Owned	Security:	(Instr. 4)
	Security					-							Following	Direct (D)	
	-							-					Reported	or Indirect	
								Date	Expiration	n Title	Title Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Exercisable	Date		Shares		(Instr. 4)	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.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Ivanie / Address	Director	10% Owner	Officer	Other			
Krysler P. Kevan							
2555 AUGUSTINE DRIVE			Chief Financial Officer				
SANTA CLARA, CA 95054							

## Signatures

/s/ Todd Wheeler, attorney-in-fact	6/23/2025
**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.