FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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*  CALYS JOHN		2. Date of Event Requiring Statement (Month/Day/Year) 04/22/2024  3. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [ VRSN ]								
(Last) 12061 BLU	(First)	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)	, (,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) RESTON	VA	20190	-		Director  X Officer (give title below)  SVP, Cont., Chief	10% Owner Other (specify below) Acct Officer		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. I)	3. Own Form: I (D) or I (I) (Inst	Direct O	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					22,348	I	)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)  Date Expirate Exercisable		ate	Underlying Derivative Security Converge (Instr. 4)		4. Conversion or Exercise Price of	se Form:	Ownership (Instr.			
				Expiration Date	Title	Amount or Derivat Securit Number of Shares		e Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

Remarks:

Thomas C. Indelicarto by

Power of Attorney for

John Calys

\*\* Signature of Reporting

Person

Date

05/02/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).