FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Buchalter Yehuda Ari | | | | | 2. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [VRSN] | | | | | | | | | (Che | 5. Relationship of Reporting (Check all applicable) X Director | | | rson(s) to I 10% O\ | |
|--|--|-------|--------|------------|---|---------------------------------------|--|-----|--|-------------------------------------|---------------------------------------|---|----------------------------------|---|--|--|-------------------|--|--|
| (Last) | , , , , , , , , | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/24/2023 | | | | | | | | | Offic below | er (give title v) | | Other (below) | specify | |
| 12061 BLUEMONT WAY | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) RESTO | N VA | A 2 | 20190 | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (City) (State) (Zip) | | | | | 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. | | | | | | | | | | | | | ended to | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities | Acq | uired, | Dis | posed of | i, or l | Bene | eficial | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | /Year) if any | | ution Date, | | | | ies Acquired (A) Of (D) (Instr. 3, | | | 5. Amo Securi Benefi Owneo Follow | ties cially 1 | | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D | () or | Price | Repor Transa | | | , | |
| Common Stock 07/24/2 | | | | | .023 | | | A | | 1,179(1 |) | A | \$ <mark>0</mark> | 60 4,528 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y E (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | Date Expiration Exercisable Date | | Title | Amor or Num of Share | ber | | | | | |

Explanation of Responses:

1. On July 24, 2023, Reporting Person was awarded restricted stock units (RSUs). Each RSU represents a contingent right to receive one (1) share of VeriSign, Inc. common stock once vested. The grant vests 100% on the date of grant, subject to applicable taxes upon delivery.

Remarks:

Thomas C. Indelicarto,

07/25/2023 Attorney-in-Fact for Yehuda Ari Buchalter

** 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 Number.