FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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 obligations may continue. See Instruction 1(b).

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. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [VRSN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---------|------|-------|---|--|--|------------------|--|-------------|--------------------|---|--------------------------------|-----|---|--|-----------------------------|---|--|--|
| BIDZOS D JAMES | | | | | | | | | | | | | | | X Dir | ector | | 10% C | wner | |
| (Last) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | icer (give title low) | | Other (below) | (specify | |
| 12061 BLUEMONT WAY | | | | | | 02/13/2018 | | | | | | | | | | Exec. Chair., Pres. & CEO | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| RESTON | RESTON VA 20190 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | rm filed by Mo rson | re than | One Rep | orting | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Da | | | , Transaction Di Code (Instr. 5) | | Disposed | I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | d Sec Ben Owr | mount of urities eficially led Following orted | Form: | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A (C | () or () | Price | Tran | saction(s) r. 3 and 4) | | | (111511.4) | | | | |
| Common Stock 02 | | | | | /2018 | | | A ⁽¹⁾ | | 25,323 | 3 A | | \$0 |) | 767,596 | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price o Derivative Security (Instr. 5) | | Ov Fo Di or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. On February 13, 2018, 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 25% on February 15, 2019 and ratably (6.25%) each of the following twelve quarters thereafter, subject to applicable taxes upon delivery.

Remarks:

Thomas C. Indelicarto,
Attorney in Fact for D. James 02/15/2018
Bidzos

** 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.