FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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lashington,	D.C.	20549	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* TOMLINSON TIMOTHY				2. Issuer Name <b>and</b> Ticker or Trading Symbol VERISIGN INC/CA [ VRSN ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	(Fir	est) (N	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/29/2024									er (give titl	е		r (specify		
12061 BLUEMONT WAY			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)													8	/ Form	filed by O	ne Rep	porting Pe	erson
RESTON	N VA 20190										Form filed by More than One Reporting Person							
(City) (State) (Zip)			Rul	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.														
		Table	I - Non-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed	of, c	or Bo	eneficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amou Securiti Benefic Owned Followir	es Form: ially (D) or Indire- ng (Instr.		ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amo		A) or D)	Pric	e	Transac	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock		07/29/2024				S		1,	408	D	\$18	86.4489 <sup>(1)</sup>	15,000			Ι	by Tomlinson Family Trust	
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)	2. Conversion or Exercise Price of Derivative Security	Date Execution Date, T (Month/Day/Year) if any C			Transaction of Code (Instr. Derivative		rative rities rired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
				Code			Date Exercis	Date Expiration Exercisable Date				Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$186.28 to \$186.62, inclusive. The reporting person undertakes to provide to the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

## Remarks:

Thomas C. Indelicarto by

Power of Attorney for \*\* Signature of Reporting Person 07/30/2024

**Timothy Tomlinson** 

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.