FORM 4

☐  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 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
   Brown Marianne Catherine
   3401 HILLVIEW AVENUE
   PALO ALTO, CA 94304

2. Issuer Name and Ticker or Trading Symbol
   VMWARE, INC. [ VMW ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   7/13/2023

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   __ X __ Director
   _____ 10% Owner
   _____ Officer (give title below) ______ Other (specify below)

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-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Class A Common Stock | 7/13/2023 | A | 1,976 | A | 50 | 9,880 | D |

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

Explaination of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown Marianne Catherine</td>
<td>Director 10% Owner Officer Other</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Reporting Owner Name / Address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3401 HILLVIEW AVENUE PALO ALTO, CA 94304</td>
<td>X</td>
</tr>
</tbody>
</table>

Signatures

Craig Norris, attorney-in-fact
7/14/2023

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).


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.