FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20040

| OMB APPROVAL |         |  |  |  |  |  |  |  |  |
|--------------|---------|--|--|--|--|--|--|--|--|
| OMB Number:  | 3235-02 |  |  |  |  |  |  |  |  |

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 S   | ectio  | n 30(n) | or the i       | nvestme | int Co  | mpany Act  | 01 19   | 940             |              |   |                       |   |  |   |  |  |
|--|---|--|---|-------------------------|--|--|---------|----------------|---------|---|--|---|-----------------|--------------|---|-----------------------|---|--|---|--|--|
| 1. Name and Address of Reporting Person*  DELL MICHAEL S   |   |  |   |                         |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Dell Technologies Inc DVMT |         |                |         |   |  |   |                 |              | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                       |   |  |   |  |  |
| DELL   | X Director 109  |  |   |                         |  |  |         | 10% O          | wner    |   |  |   |                 |              |   |                       |   |  |   |  |  |
| (Last)   | (F  | irst) (                                    | Middle)                                     |                         |  | Date of Earliest Transaction (Month/Day/Year)                                  |         |                |         |   |  |   | $\dashv$        | X            | Office  | er (give title<br>v)  | Other (specification)   |  |   |  |  |
| ONE DE   | LL WAY  |  |   |                         |  |  |         |                | ficer   |   |  |   |                 |              |   |                       |   |  |   |  |  |
| (Street)   |   |  |   | 4. If                   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |         |                |         |   |  |   |                 | Indiv        | idual o   | r Joint/Group         | Filing (C   | iling (Check Applicable  |   |  |  |
| ROUND  | ROCK T  | X 7  | 78682                                       |                         |  |  |         |                |         |   |  |   |                 |              | X   | Form                  | n filed by One  | e Reportir   | ig Pers   | on   |  |
| (City)   | (S  | tate) (                                    | Zip)  |                         |  |  |         |                |         |   |  |   |                 |              |   | Form<br>Pers          | n filed by Mor<br>on  | e than O   | ne Rep  | orting   |  |
|  |   | Tabl                                       | e I - No                                    | n-Deriva                | ative  | Sec  | uritie  | s Acc          | quired  | , Dis   | posed o  | f, o  | r Ben           | efici        | ally  | Owne                  | ed  |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |   | Exec<br>ay/Year) if any |  | a. Deemed<br>recution Date,<br>any<br>lonth/Day/Year)                          |         | Transaction Di |         | Disposed  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |                 |              | Securities<br>Beneficially  |                       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  |   |                         |  |  |         | Code           | v       | Amount  |  | (A) or<br>(D)   | Price           | Tra          |   | action(s)<br>3 and 4) |   |  | (111501.4)  |  |  |
| Class C Common Stock 01/19/2                               |   |  |   | 2017                    |  | P  |         | 14,807 A       |         | A   | \$28   | .84   | 301,927.45      |              | D   |                       |   |  |   |  |  |
|  |   | Та   |   |                         |  |  |         |                |         |   | sed of,<br>onvertib  |   |                 |              | y Ov  | vned                  |   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/D | n Date,                 |  | ansaction<br>ode (Instr.   |         | of             |         | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3       |   |                       | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 | :<br>t (D)<br>direct  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |                         | Codo   | .,   | (4)     | (D)            | Date    |   | Expiration   | Titl  | or<br>Nui<br>of | ount<br>nber |   |                       |   |  |   |  |  |

Explanation of Responses:

Remarks:

/s/ Janet B. Wright, Attorney-

in-Fact

\*\* Signature of Reporting Person

Date

01/23/2017

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.