FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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

Name and Address of Reporting Person*     Koushik Srini			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year)  12/15/2021  3. Issuer Name and Ticker or Trading Symbol Rackspace Technology, Inc. [ RXT ]							
(Last) (First) (Middle) 1 FANATICAL PLACE					4. Relationship of Reporting Issuer (Check all applicable)		. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAN ANTONIO	TX	78218			Director  X Officer (give title below)  Chief Technolog		10% Owner Other (specify below) sy Officer		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	<u> </u>								
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities sially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
'			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)			4. Convers or Exerc Price of	ise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Holly Windham, power of attorney

12/08/2021

\*\* 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 5 (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.