1. Name and Address of Reporting Person
Shilling Casey L.

(Last)  (First)  (Middle)
C/O RACKSPACE TECHNOLOGY, INC.
1 FANATICAL PLACE

(SAN)
ANTONIO TX 78218

2. Issuer Name and Ticker or Trading Symbol
Rackspace Technology, Inc. [ RXT ]

3. Date of Earliest Transaction (Month/Day/Year)
03/16/2023

4. If Amendment, Date of Original Filed

5. Relationship of Reporting Person(s) to Issuer
X Director
Officer (give title below)
SVP - Chief Marketing 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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>03/16/2023</td>
<td></td>
<td>A</td>
<td>113,925(1) A</td>
<td>$0</td>
<td>279,329</td>
<td>D</td>
</tr>
</tbody>
</table>

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

Explanation of Responses:
1. Upon vesting, the Reporting Person is entitled to receive one share of Common Stock for each restricted stock unit. The units are scheduled to vest in equal installments on each of the first three anniversaries of March 16, 2023.

Remarks:

/s/ Michael Bross, Attorney-in-Fact  03/20/2023

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 Number.