Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|             |      |       |  |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |      |  |  |  |  |  |  |  |  |
|--------------------------|------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |      |  |  |  |  |  |  |  |  |
| Estimated average burden |      |  |  |  |  |  |  |  |  |
| hours per response       | . 05 |  |  |  |  |  |  |  |  |

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*     Shilling Casey L. |   |  |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Rackspace Technology, Inc. [ RXT ] |                              |  |   |                      |   |       |                    | (Chec  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify |   |   |  |                                      |  |                                       |
|---|---|--|---|---|------------------------------|--|---|----------------------|---|-------|--------------------|--|---|---|---|--|--------------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) 1 FANATICAL PLACE                   |   |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/19/2021                           |                              |  |   |                      |   |       |                    | X  | X below) SVP - Chief Marketing Office   |   |   |  |                                      |  |                                       |
| (Street)<br>SAN<br>ANTON                                    | IO TX   | 7  | 8218  |   | 4. If A                      | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                      |   |       |                    | Line)  | X Form filed by One Reporting Person Form filed by More than One Reporting  |   |   |  |                                      |  |                                       |
| (City)  | (St   | ate) (Z                                    | Zip)  |   | Person                       |  |   |                      |   |       |                    |  |   |   |   |  |                                      |  |                                       |
|   |   | Table                                      | I - Nor                                       | า-Deriva  | tive S                       | Secu   | rities  | s Acq                | uired,  | Dis   | osed of            | , or E   | Bene  | ficiall   | y Own                                     | ed   |                                      |  |                                       |
| Date  |   |  |   | 2. Transac<br>Date<br>(Month/Da   |                              | Exe<br>if an   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                      | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securitie<br>Disposed (5) |       |                    |  |   | 5. Amo<br>Securit<br>Benefic<br>Owned<br>Report | ties<br>cially<br>I Following             | Form<br>(D) o  | n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |
|   |   |  |   |   |                              |  |   |                      | Code  | v     | Amount             | (A)<br>(D)   | or I  | Price   | Transa                                    | ction(s)<br>3 and 4)   |                                      |  | (Instr. 4)                            |
| Common Stock, par value \$0.01 08/19/2                      |   |  |   |   | /2021                        |  |   | A                    |   | 6,239 | A                  |  | \$ <mark>0</mark>   | 28,144  |   | D  |                                      |  |                                       |
|   |   | Tal  |   |   |                              |  |   |                      |   |       | sed of, onvertib   |  |   |   | Owne                                      | d  |                                      |  |                                       |
| 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. Deems<br>Execution<br>if any<br>(Month/Da | on Date,  | 4.<br>Transa<br>Code (<br>8) |  | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disp<br>of (D       | osed<br>)<br>r. 3, 4 | 6. Date I<br>Expirati<br>(Month/I                                     | on Da |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | De<br>Se<br>(In                                 | Price of<br>rivative<br>curity<br>str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у                                    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   |   | Code                         | v  | (A)   | (D)                  | Date<br>Exercisa  | able  | Expiration<br>Date | Title  | Amo<br>or<br>Num<br>of<br>Shar  | ber   |   |  |                                      |  |                                       |

**Explanation of Responses:** 

Remarks:

/s/ Stefanie G. Box, as attorney-in-fact

08/23/2021

\*\* 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 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.