FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| (| Check this box if no longer subject to |
|-----|--|
| 5 | Section 16. Form 4 or Form 5 |
| C | bligations may continue. See |
| - 1 | nstruction 1(b). |

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* Regan Timothy | | | | | | | 2. Issuer Name and Ticker or Trading Symbol DROPBOX, INC. [DBX] | | | | | | | | | | all app | licable) | | | Issuer Owner er (specify | |
|--|---|--|--|---------|---|-------------------------|--|---|--|------------------|---|-----------------------------|---|---|---------------------|------------------------|---|--|---|----------|--|--|
| (Last) (First) (Middle) 1800 OWENS STREET SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2019 | | | | | | | | | | | X | belov | | | | | |
| (Street) SAN FRANCISCO CA 94158 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | . Indivine) X | Form Form | dual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | e E nth/Day/Year) it | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di | | 4. Securi Disposed 5) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | r ind | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | [| Code | v | Amount | | (A) or (D) | Price | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 08/21/ | | | | | | | /2019 | | | S ⁽¹⁾ | | 1,000 |) | D \$ | | 110,624 ⁽²⁾ | |),624 ⁽²⁾ | | D | | |
| | | Та | ıble II - D (e | | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, 1 | Code (Instr | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | An Se Un De Se | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | vnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) (D) | | | | Date Exe | te ercisabl | | Expiration Date | Title | or | ount nber res | | | | | | | |

Explanation of Responses:

- $1. \ These \ shares \ were \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ entered \ into \ by \ the \ Reporting \ Person.$
- 2. Certain of these securities are restricted stock units. Each restricted stock unit represents the Reporting Person's right to receive one share of Class A Common Stock, subject to the applicable vesting schedule through February 15, 2023. In the event the Reporting Person ceases to be a Service Provider, the unvested restricted stock units will be cancelled by the Issuer.

Remarks:

/s/ Mary Anne Becking, Attorney-In-Fact 08/23/2019

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.