FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Fieler Anna Liao				QL	2. Issuer Name <b>and</b> Ticker or Trading Symbol QUINSTREET, INC [ QNST ]								eck all ap X Dire	ctor	ng Pers	son(s) to Iss			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/24/2023									Officer (give title below)			pecify		
950 TOWER LANE, 6TH FLOOR					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOSTER CITY CA 94404														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non-	-Deriva	ative	Sec	uritie	s Ac	quired, D	isp	osed c	of, or Be	neficia	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Da			Code (Instr.					I Secur Benef Owne	cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	/	Amount	(A) or (D) Price			ed ction(s) 3 and 4)			Instr. 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	oate, T	4. Transact Code (In: 8)				6. Date Exerci Expiration Da (Month/Day/Yo			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)		O Fe Ily Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$9.73	08/24/2023			A		3,158		(1)	08	/24/2030	Common Stock	3,158	\$0.0 <sup>(2)</sup>	3,158	3	D		

## Explanation of Responses:

1. The shares of common stock subject to this option are fully vested and exercisable.

2. Ms. Fieler elected to receive options in lieu of cash compensation as consideration for her service as a member of QuinStreet, Inc.'s (the "Company") board of directors and a member of the Company's Audit Committee for the quarter ended June 30, 2023. The number of options granted was determined by dividing the cash compensation otherwise payable with respect to the quarter by the Black-Scholes value of a single option calculated as of the date of grant. The election is available to independent directors, is made annually and applies to the entire fiscal year.

By: Gregory Wong For: Anna

Fieler

wong For: Anna 08/28/2023

\*\* 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.