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 Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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*						2. Issuer Name <b>and</b> Ticker or Trading Symbol WORKIVA INC [ WK ]									Relationship of Reporting Person (Check all applicable)     X Director				(s) to Is	
(Last) 2900 UN	Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2015										Offic belov	er (give title w)		Other (specify below)	
(Street)  AMES IA 50010  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									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																			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)						ır)   I	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr. 5		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
						Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Class A Common Stock 06/01/						2015		A <sup>(1)</sup>		14,00	5	A	(	1)	24,875		D			
Class A Common Stock																58,000		I		By family trust
	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)	ative Conversion Date Execution or Exercise (Month/Day/Year) if any				Date, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3		vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V		v	(A)	(D)	Date Exercisa	Date E Exercisable D		Title	Amo or Num of Sha	ber						

## Explanation of Responses:

1. Grant of restricted stock pursuant to the 2014 Equity Incentive Plan.

## Remarks:

<u>/s/ Troy M. Calkins as</u> attorney-in-fact for Michael M. 06/03/2015 Crow

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.