FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Sellberg Michael S.					2. Issuer Name and Ticker or Trading Symbol WORKIVA INC [WK]										eck all applic Directo	able) r	9 Pers	on(s) to Issu	ner
(Last) 2900 UN	`	irst) BOULEVARD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/19/2016							7	below)	(give title executive	VP 8	Other (specification) Control Control	becity	
(Street) AMES (City)	IA (S		50010 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person													
		Tal	ole I - Nor	n-Deriv	vativ	e Se	curit	ies A	cquire	d, Di	isposed	of, or	Ben	eficiall	y Owned				
Date				Date	Transaction ate Ionth/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.				Beneficially Owned Following		Form (D) o	: Direct I r Indirect I str. 4) (. Nature of ndirect Beneficial Ownership
									Cod	e v	Amour	Amount (A)		Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)
Class A C	Common Sto	ock		01/1	9/201	6			A ⁽)	25,8	52 ⁽²⁾	A	(1)	65,8	352 ⁽²⁾		D	
			Table II -								posed c				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	ate,	4. Transa Code (I		of		6. Date Exercisab Expiration Date (Month/Day/Year)		•	of Se Unde Deriv	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ole	Expiration Date	Title		Amount or Number of Shares					
Employee Stock Option to Purchase Class A Common Stock ⁽³⁾	\$15.83								08/12/20	.5 ⁽⁴⁾	08/11/2024	Class Comr Stoo	non 🗀	198,000		198,00	00	D	
Class B Common Stock ⁽⁵⁾	(5)								(5)		(5)	Class Comr Stoo	non 3	319,163		319,16	63	D	

Explanation of Responses:

- 1. Grant of restricted stock units pursuant to the 2014 Equity Incentive Plan.
- 2. Vests in three equal annual installments commencing on the first anniversary of the grant date.
- 3. Granted pursuant to 2009 Unit Incentive Plan.
- 4. Vests as to 25% of the shares on the first anniversary of the grant date and as to 6.25% of the shares at the end of each three-month period thereafter.
- 5. Each share of Class B Common Stock is convertible, at any time at the election of the holder, into one share of Class A Common Stock. In addition, each share of Class B Common Stock will convert automatically into one share of Class A Common Stock upon (i) the date specified by the holders of at least 66 2/3% of the outstanding shares of Class B Common Stock, (ii) any transfer, except for certain "qualified transfers" (as defined in the Issuer's Certificate of Incorporation) or (iii) upon the death of a natural person holding shares of Class B Common Stock (subject to certain exceptions as defined in the Issuer's Certificate of Incorporation).

Remarks:

/s/ Troy M. Calkins as attorneyin-fact for Michael S. Sellberg

01/21/2016

** 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.