

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>Calkins Troy M.</u>  (Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD  (Street) AMES IA 50010  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>WORKIVA INC [ WK ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) <u>Executive VP, Secretary &amp; GC</u>
	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2017	
	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

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock								150,837	D	

**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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Employee Stock Option to Purchase Class A Common Stock <sup>(1)</sup>	\$12.4	02/01/2017		A		37,407		02/01/2018 <sup>(2)</sup>	02/01/2027	Class A Common Stock	37,407	(I)	37,407	D	
Employee Stock Option to Purchase Class A Common Stock <sup>(1)</sup>	\$14.74							02/01/2017 <sup>(2)</sup>	02/01/2026	Class A Common Stock	31,469		31,469	D	
Employee Stock Option to Purchase Class A Common Stock <sup>(3)</sup>	\$15.83							08/12/2015 <sup>(4)</sup>	08/11/2024	Class A Common Stock	39,600		39,600	D	
Employee Stock Option to Purchase Class A Common Stock <sup>(3)</sup>	\$15.86							03/27/2015 <sup>(4)</sup>	03/26/2024	Class A Common Stock	9,900		9,900	D	
Employee Stock Option to Purchase Class A Common Stock <sup>(3)</sup>	\$15.86							02/25/2015 <sup>(4)</sup>	02/24/2024	Class A Common Stock	108,900		108,900	D	

**Explanation of Responses:**

- Granted pursuant to the 2014 Equity Incentive Plan.
- Vests in three equal annual installments commencing on the first anniversary of the grant date.
- Granted pursuant to the 2009 Unit Incentive Plan.
- 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.

**Remarks:**

/s/ Troy M. Calkins

02/03/2017

\*\* 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.**