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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

I

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

OMB Number:	3235-0287
Estimated average bui	rden
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).	

1. Name and Address of Reporting Person'

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

2. Issuer Name and Ticker or Trading Symbol

WORKIVA INC [WK]

Miller J Stuart (Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD (Street) AMES IA 50010						WORKIVA INC [WK]								Direc	Director			vner
						Date c 2/14/2		liest Tran	isaction	(Mont	h/Day/Year)			Officer (give title Other (spec below) below) Executive VP & CFO				
					4.										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(5		(Zip)	lon-Dei	rivativ	/0 50	curi	ties A	cauire	d D	isnosed o	f or B	eneficia	ully Owne	d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/) 2. Transaction				ction	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)			Acquired	(A) or) 5. Am Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)			(Instr. 4)
	Common St			12/14					M ⁽¹⁾		10,000	A	\$15.8		00,860		D	
Class A Common Stock 12/14					/2018	18 S ⁽¹					10,000	D	\$35.342	28 ⁽²⁾ 2	290,860		D	
			Table I								posed of, , convertil							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)		de (Instr.		umber ivative urities uired or posed D) (Instr. and 5)	6. Date Exerci Expiration Da (Month/Day/M		ate	of Secu Underly	ving ive Securit	Derivativ Security		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V	(A)	(D)	Date Exercisable	sable	Expiration Date	Title	Amour or Numbe of Shares	er				
Employee Stock Option to Purchase Class A Common Stock ⁽³⁾	\$15.86	12/14/2018			M ⁽¹⁾			10,000	04/07/:	2015 ⁽⁴⁾	04/06/2024	Class A Commo Stock	n 10,00	0 \$0	164,240		D	
Employee Stock Option to Purchase Class A Common Stock ⁽³⁾	\$15.83								08/12/2	2015 ⁽⁴⁾	08/11/2024	Class A Commo Stock	n 39,6 0	0	39,60)0	D	
Employee Stock Option to Purchase Class A Common Stock ⁽⁵⁾	\$14.74								02/01/:	2017 ⁽⁶⁾	01/31/2026	Class A Commo Stock	n 31,46	9	31,4€	59	D	
Employee Stock Option to Purchase Class A Common	\$12.4								02/01/2	2018 ⁽⁶⁾	01/31/2027	Class A Commo Stock	n 37,40	7	37,40)7	D	

Explanation of Responses:

1. Exercise and sale at the direction and for the benefit of the reporting person's former spouse, accordingly the reporting person did not acquire beneficial ownership of the shares.

2. The price reported in Column 4 is a weighted-average price. The prices actually received ranges from \$35.09.65 to \$35.86. For all transactions reported in this Form 4 utilizing a weighted-average price, the reporting person undertakes to provide upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range. 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. Grant of stock option pursuant to the 2014 Equity Incentive Plan.

6. Vests in three equal annual installments commencing on the first anniversary of the grant date.

Remarks:

Stock⁽⁵⁾

** 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.