FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	iue. Jee		Filed							ties Exchang mpany Act o		1934		nours	per respons	e: 	0.5
1. Name and Address of Reporting Person*  Hawkins Michael D.				2. Issuer Name <b>and</b> Ticker or Trading Symbol WORKIVA INC [ WK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023								X Office below	,	Other (spec below)		specify	
(Street) AMES	IA		0010		4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X Form Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		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.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	l, Dis	posed of	, or B	enefici	ially Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4		nd Securi Benefi Owned	cially I Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)
Class A (	Common St	ock		09/01/2	.023				F <sup>(1)</sup>		1,389	D	\$110	\$110.38 61,098 D				
		Tal	ble II -								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	(D)	Beneficial Ownership (Instr. 4)			
				Code			(A)	(D)	Date Exerci		Expiration Date		Number of Shares					

## **Explanation of Responses:**

1. Shares delivered to the issuer for the payment of withholding taxes due upon the vesting of restricted stock units previously granted.

## Remarks:

/s/ Brandon E. Ziegler as attorney-in-fact for Michael D. 09/06/2023 **Hawkins** 

\*\* 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.