FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). |
|--|---|
|--|---|

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

| 1. Name and Address of Reporting Person* <u>CROW MICHAEL M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>WORKIVA INC</u> [WK] | | | | | | | | | (Check all ap | | ctor | | 10% O | wner |
|---|--|-----------------|--------|-----------------|--|--|--|--|------------------------------|--------|---|---|--|--|------------------------------|--|--|--|--|
| (Last) | (Fi | First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2023 | | | | | | | | | belov | er (give title v) | | Other (below) | specity |
| 2900 UNIVERSITY BOULEVARD | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) AMES | | | | | | | | | | | | | | - / | - / | | | | |
| (City) | (St | State) (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 | on-Deriva | tive S | ecu | rities | Aco | quired, | , Dis | posed of | , or E | Benefic | ially | Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | | , | | | | es Acquired (A) or of (D) (Instr. 3, 4 and | | und S E C | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | 1 | | ted action(s) 3 and 4) | | | | |
| Class A Common Stock 06/12/20 | | | | |)23 | | | | S | | 3,500 | D | \$100 | .46 11,443 | | 1,443 | | Ι | By family trust |
| Class A Common Stock | | | | | | | | | | | | | 32,072 | | | 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) | titve Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | ution Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative nrities nred r osed) r. 3, 4 | 6. Date Expirat (Month | ion D | | 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 Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

<u>/s/ Brandon E. Ziegler as</u> <u>attorney-in-fact for Michael</u>

M. Crow

06/14/2023

** 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.