FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

U obligat	n 16. Form 4 or ions may contii tion 1(b).	Form 5 nue. See		File								es Exchai npany Aci		f 1934	4			mated av	verage burder sponse:	n 0.5
1. Name ar Miller		2. Issuer Name and Ticker or Trading Symbol <u>WORKIVA INC</u> [WK]										ck all applica Director	able) r	10% O		vner				
(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 01/18/2019										X Officer (give title Other (specify below) below) Executive VP & CFO				pecify
(Street) AMES IA 50010 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. In Line) ♪	Form fil	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tal	ole I - Nor	n-Deriv	vativ	/e Se	ecurit	ies A	Acqu	uired,	Dis	posed	of, or E	ene	ficially	/ Owned				
1. Title of Security (Instr. 3) 2. Tran Date (Month)							2A. Deemed Execution Date if any (Month/Day/Ye			Code (Ins			ities Acquired (A) d Of (D) (Instr. 3, 4			Beneficia	es Form ally (D) c Following (I) (II		n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	ion(s)			
Class A Common Stock 01/18					8/20 1	2019				F ⁽¹⁾		1,02	5 1	>	\$38.22	2 289	289,835		D	
Class A Common Stock 01/19					9/20 1	9/2019				F ⁽¹⁾		602	602 D		\$38.22	2 289	289,233		D	
			Table II -							,		osed of onvert			-	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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D	r osed) r. 3, 4	Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	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 Exe	e rcisable		xpiration ate	Title	or Nu	nount mber Shares					
Employee Stock Option to Purchase Class A Common	\$15.86								04/0)7/2015 ⁽³) 04	4/06/2024	Class A Common Stock	16	64,240		164,	240	D	

08/12/2015⁽³⁾

02/01/2017⁽⁵⁾

02/01/2018⁽⁵⁾

Explanation of Responses:

\$15.83

\$14.74

\$12.4

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

2. Granted pursuant to 2009 Unit Incentive Plan.

3. 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.

4. Grant of stock option pursuant to the 2014 Equity Incentive Plan.

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

Remarks:

Stock⁽²⁾

Employee Stock Option to

Purchase Class A

Common Stock⁽²⁾ Employee Stock Option to

Purchase Class A

Common Stock⁽⁴⁾ Employee Stock Option to

Purchase Class A

Common Stock⁽⁴⁾

Class A

Common Stock

Class A

Common Stock

Class A

Common Stock

08/11/2024

01/31/2026

01/31/2027

39,600

31,469

37,407

39,600

31,469

37,407

Date

D

D

D

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.