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 obligations may continue. See Instruction 1(b). STATEMENT OF STATEMENT OF Filed pursuant

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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>Behar Jerome M</u>					2. Issuer Name and Ticker or Trading Symbol WORKIVA INC [WK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 11/08/2017						Officer (give title Other (specify below) below)									
(Street) AMES				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Appli Line) Form filed by One Reporting Person X Form filed by More than One Reportin Person				on				
(City)	(Sta		Zip)																	
1. Title of Security (Instr. 3)			-Derivative Solution 2. Transaction Date (Month/Day/Year)		2. E ur) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (3. Transaction Code (Instr.					5. Amount of 4 and Securities Beneficially Owned Following		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class A C	ommon Sto	ock		10/13	/2017	,			G	v	1,200)	D		\$0	3,5	551,072		I	By Behar Living Trust ⁽¹⁾
Class A C	ommon Sto	ock		10/19	/2017	,			G	V	200		D		\$0	3,5	550,872		I	By Behar Living Trust ⁽¹⁾
Class A C	ommon Sto	ock		11/08	/2017	,			S		2,442	2	D		\$23.4	3,5	548,430		I	By Behar Living Trust ⁽¹⁾
Class A Common Stock			11/10/2017		,			G	V	80	80 Г			\$0	3,548,350		I		By Behar Living Trust ⁽¹⁾	
Class A C	ommon Sto																3,065		I	By son
		Та	ble II - E)								sed of, onvertib					wned				
1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Conversion of Exercise (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)		Date, Transaction Code (Ins.			on of E		Expiration	5. Date Exercisa Expiration Date Month/Day/Yea		Amoun		of s ng e	Der Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	0 0	Amour or Jumbe of Shares	er					
	d Address of erome M	Reporting Person*																		

1. Name and Addr	ess of Reporting Person*		
Behar Jerom	ne M		
(Last)	(First)	(Middle)	
2900 UNIVER	SITY BOULEVARD		
(Street)			
AMES	IA	50010	
(City)	(State)	(Zip)	
4 31 1 4 1 1	(D :: D *		
	ess of Reporting Person*		
Behar Livin	g <u>Trust</u>		

(Last)	(First)	(Middle)							
2900 UNIVE	RSITY BOULEVAR	RD.							
,			_						
(Street)									
AMES	IA	50010							
(City)	(State)	(Zip)	_						
1. Name and Add	dress of Reporting Person	on [*]							
1	Behar Leslie F.								
			_						
(Last)	(First)	(Middle)							
2900 UNIVERSITY BOULEVARD									
(Street)			_						
AMES	IA	50010							
(City)	(State)	(Zip)	_						

Explanation of Responses:

1. Shares are owned directly by The Behar Living Trust (a 10% owner of the issuer), and indirectly by Jerome M. Behar and Leslie F. Behar as settlers of the Behar Living Trust.

Remarks:

 /s/ Jerome M. Behar
 11/13/2017

 /s/ Jerome M. Behar as trustee for The Behar Living Trust
 11/13/2017

 /s/ Leslie Fried Behar
 11/13/2017

 ** 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.