

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Behar Jerome M</u> _____ (Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD _____ (Street) AMES IA 50010 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/10/2014	3. Issuer Name and Ticker or Trading Symbol <u>WORKIVA LLC [WK]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	4,372,268	I	By Behar Living Trust ⁽¹⁾
Class A Common Stock	3,065	I	By son

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
Behar Jerome M

 (Last) (First) (Middle)
 2900 UNIVERSITY BOULEVARD

 (Street)
 AMES IA 50010

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Behar Leslie F.

 (Last) (First) (Middle)
 2900 UNIVERSITY BOULEVARD

 (Street)
 AMES IA 50010

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Behar Living Trust

 (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 settlors of the Behar Living Trust.

Remarks:

/s/ Troy M. Calkins as attorney-in-fact for Jerome M. Behar, Leslie F. Behar and The Behar Living Trust 12/10/2014

** 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 5 (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.

POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Troy Calkins and Max Eubank, or either of them signing singly, and with full power of substitution, the under

- (1) prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the U.S. Securities and Exchange Commission (the "SEC") a Form
- (2) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Workiva Inc. (the "Company"), Forms 3, 4, &
- (3) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or
- (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in t

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, & proper to carry out the powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assumed to comply with Section 16 of the Securities Exchange Act of 1934. No such attorney-in-fact shall incur any liability to the undersigned for acting or refraining from ac

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's

This Power of Attorney is governed by Delaware law.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Power of Attorney.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney this 8th day of December, 2014.

/s/ Leslie Fried Behar
Signature

Leslie Fried Behar
Print Name