FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											hours per res	sponse:	0.5
1. Name and Address of Bonner Brigid A	2. Date of Event Requiring Statement (Month/Day/Year) 10/30/2018			3. Issuer Name and Ticker or Trading Symbol WORKIVA INC [ WK ]									
(Last) 2900 UNIVERSITY	(First) BOULEVARD	(Middle)				4. Relationship of Reporting Person(s) to Is: (Check all applicable) X Director	applicable)	10% Owne	,	5. If A	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) AMES	IA 50010					Officer (give title below)	Other (specify below)			Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
					2. Amount o (Instr. 4)	f Securities Beneficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Natu	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock						0	D						
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (MonthDayYrear)					te	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) derivative Security of Derivative Security			e Price vative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Benefic Ownership (Instr. 5)	cial	
				Date Exercisable	Expiration Date	Title		Amount o Number o Shares	r	y			
Explanation of Respons	es:												

Remarks:

## <u>/s/ Troy M. Calkins as attorney-in-fact for</u> Brigid A. Bonner <u>11/01/2018</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Herminder: respond on a separate line for each class of securities derincially owned unlexity of 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 ID, incl (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, and 5 in  $\epsilon$  (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 5, comple (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 the best : 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, ( 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 29th day of October, 2018.

/s/ Brigid A. Bonner Signature

Brigid A. Bonner Print Name