

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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

1. Name and Address of Reporting Person* <u>Behar Jerome M</u> <hr/> (Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD <hr/> (Street) AMES IA 50010 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>WORKIVA INC [ WK ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 09/20/2017	
		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 Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock	09/20/2017		S		3,798	D	\$20.25	3,618,272	I	By Behar Living Trust <sup>(1)</sup>
Class A Common Stock	09/21/2017		S		5,885	D	\$20.2	3,612,387	I	By Behar Living Trust <sup>(1)</sup>
Class A Common Stock	09/22/2017		S		15,115	D	\$20.2	3,597,272	I	By Behar Living Trust <sup>(1)</sup>
Class A Common Stock								3,065	I	By son

**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)	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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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)
						Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*

Behar Jerome M

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(Last) (First) (Middle)

2900 UNIVERSITY BOULEVARD

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(Street)

AMES IA 50010

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(City) (State) (Zip)

1. Name and Address of Reporting Person\*

Behar Living Trust

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(Last) (First) (Middle)

2900 UNIVERSITY BOULEVARD

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(Street)	AMES	IA	50010
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
<u>Behar Leslie F.</u>			
(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:**

<u>/s/ Jerome M. Behar as trustee for The Behar Living Trust</u>	<u>09/22/2017</u>
<u>/s/ Jerome M. Behar</u>	<u>09/22/2017</u>
<u>/s/ Leslie Fried Behar</u>	<u>09/22/2017</u>
** 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.**