

WORKIVA INC  
Form 3  
March 27, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Banarjee Mithun		(Month/Day/Year)	WORKIVA INC [WK]	
(Last)	(First)	(Middle)	03/15/2017	
2900 UNIVERSITY BOULEVARD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
AMES, IA 50010			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			EVP, Global Client Services	<input 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)
---------------------------------	---	--	---

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

SEC 1473 (7-02)

**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 control number.**

**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 of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Employee Stock Option to Purchase Class A Common Stock <sup>(1)</sup>			Class A Common Stock				
03/25/2012 <sup>(2)</sup>	11/01/2021	9,900	\$ 2.53	D	Â		
01/14/2014 <sup>(3)</sup>	01/13/2024	1,149	\$ 15.86	D	Â		
01/14/2015 <sup>(2)</sup>	01/13/2024	11,880	\$ 15.86	D	Â		
11/01/2015 <sup>(4)</sup>	11/05/2024	13,860	\$ 15.83	D	Â		
04/01/2016 <sup>(4)</sup>	03/31/2025	16,000	\$ 14.07	D	Â		
01/04/2017 <sup>(4)</sup>	01/03/2026	40,000	\$ 16.66	D	Â		
07/01/2017 <sup>(4)</sup>	07/31/2026	20,000	\$ 14.28	D	Â		
01/03/2018 <sup>(4)</sup>	01/02/2027	22,000	\$ 13.55	D	Â		

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Banarjee Mithun 2900 UNIVERSITY BOULEVARD AMES, IA 50010	Â	Â	Â EVP, Global Client Services	Â

## Signatures

/s/ Troy M. Calkins as attorney-in-fact for Mithun Banarjee

03/27/2017

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).

(1) Granted pursuant to the 2009 Unit Incentive Plan.

(2)

## Edgar Filing: WORKIVA INC - Form 3

Vested as to 25% of the shares on the first anniversary of the grant date and then 6.25% of the shares at the end of each three-month period thereafter.

(3) Fully vested upon the grant date.

(4) Vests as to 25% of the shares on the first anniversary of the grant date and then 6.25% of the shares at the end of each three-month period thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.