**WORKIVA INC** Form 4

February 09, 2015

## 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

STATEMENT OF CHANGES IN 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(b).

(Last)

1. Name and Address of Reporting Person \* Calkins Troy M.

2. Issuer Name and Ticker or Trading Symbol

WORKIVA INC [WK]

(Middle) (First) 3. Date of Earliest Transaction (Month/Day/Year)

02/05/2015

2900 UNIVERSITY BOULEVARD

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

\_X\_ Form filed by One Reporting Person Person

AMES, IA 50010

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)

Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

Amount

Securities

Price

(1)

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

5. Amount of

(D) or Indirect (I) (Instr. 4)

Form: Direct Indirect Beneficial Ownership (Instr. 4)

6. Ownership 7. Nature of

10% Owner

Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Executive VP, Secretary & GC

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting

Estimated average

burden hours per

Class A Common

Stock

02/05/2015

60,000  $A^{(1)}$ (2)

Code V

(A)

(D)

4. Securities Acquired

60,000

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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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. Transactic Code (Instr. 8)	5. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option to Purchase Class A Common Stock (3)	\$ 15.86					02/25/2015(4)	02/24/2024	Class A Common Stock	108,900
Employee Stock Option to Purchase Class A Common Stock (3)	\$ 15.86					03/27/2015(4)	03/26/2024	Class A Common Stock	9,900
Employee Stock Option to Purchase Class A Common Stock (3)	\$ 15.83					08/12/2015 <u>(4)</u>	08/11/2024	Class A Common Stock	39,600

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

Calkins Troy M. 2900 UNIVERSITY BOULEVARD AMES, IA 50010

Executive VP, Secretary & GC

## **Signatures**

/s/ Troy M. 02/09/2015 Calkins

\*\*Signature of Date Reporting Person

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### **Explanation of Responses:**

- \* 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).
- (1) Grant of restricted stock pursuant to the 2014 Equity Incentive Plan.
- (2) Vests in three equal annual installments commencing on the first anniversary of the grant date.
- (3) Granted pursuant to 2009 Unit Incentive Plan.
- (4) Vests as to 25% of the shares on the first anniversary of the grant date and as to 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.