**WORKIVA INC** Form 3 March 27, 2017

### FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 \*

A Banarjee Mithun

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

03/15/2017

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

WORKIVA INC [WK]

4. Relationship of Reporting

Person(s) to Issuer

(Check all applicable)

EVP, Global Client Services

5. If Amendment, Date Original

Filed(Month/Day/Year)

2900 UNIVERSITY **BOULEVARD** 

(Street)

Director \_X\_\_ Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

AMES, IAÂ 50010

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities

Beneficially Owned (Instr. 4)

Ownership

Table I - Non-Derivative Securities Beneficially Owned

Form: Direct (D) or Indirect

(I) (Instr. 5) Ownership (Instr. 5)

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

SEC 1473 (7-02)

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

Title

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

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Date Exercisable Expiration

Date

Amount or Number of Shares

Derivative Security

Security: Direct (D) or Indirect (I)

1

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						(Instr. 5)	
Employee Stock Option to Purchase Class A Common Stock (1)	03/25/2012(2)	11/01/2021	Class A Common Stock	9,900	\$ 2.53	D	Â
Employee Stock Option to Purchase Class A Common Stock (1)	01/14/2014(3)	01/13/2024	Class A Common Stock	1,149	\$ 15.86	D	Â
Employee Stock Option to Purchase Class A Common Stock (1)	01/14/2015(2)	01/13/2024	Class A Common Stock	11,880	\$ 15.86	D	Â
Employee Stock Option to Purchase Class A Common Stock (1)	11/01/2015(4)	11/05/2024	Class A Common Stock	13,860	\$ 15.83	D	Â
Employee Stock Option to Purchase Class A Common Stock	04/01/2016(4)	03/31/2025	Class A Common Stock	16,000	\$ 14.07	D	Â
Employee Stock Option to Purchase Class A Common Stock	01/04/2017(4)	01/03/2026	Class A Common Stock	40,000	\$ 16.66	D	Â
Employee Stock Option to Purchase Class A Common Stock	07/01/2017(4)	07/31/2026	Class A Common Stock	20,000	\$ 14.28	D	Â
Employee Stock Option to Purchase Class A Common Stock	01/03/2018(4)	01/02/2027	Class A Common Stock	22,000	\$ 13.55	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Other		
Banarjee Mithun 2900 UNIVERSITY BOULEVARD AMES, IA 50010	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)** 

Reporting Owners 2

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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.