#### Edgar Filing: WORKIVA LLC - Form 3/A

WORKIVA LLC Form 3/A December 10, 2014

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

OMB APPROVAL

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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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement WORKIVA LLC [WK] Behar Jerome M (Month/Day/Year) 12/10/2014 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 2900 UNIVERSITY 12/10/2014 (Check all applicable) **BOULEVARD** (Street) 6. Individual or Joint/Group \_X\_\_ 10% Owner Director Officer Other Filing(Check Applicable Line) (give title below) (specify below) Form filed by One Reporting Person AMES, IAÂ 50010 \_X\_ Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 4. Nature of Indirect Beneficial Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) I Class A Common Stock By Behar Living Trust  $\underline{(1)}$ 4,372,268 Class A Common Stock 3,065 I By son Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a

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

currently valid OMB control number.

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |

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Date Expiration Title Amount or Derivative Security:

Exercisable Date Number of Security Direct (D)

Shares or Indirect

(I)

(Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / Address                                    | Relationships |           |         |      |  |
|---|---------------|-----------|---------|------|--|
|   | Director      | 10% Owner | Officer | Othe |  |
| Behar Jerome M<br>2900 UNIVERSITY BOULEVARD<br>AMES, IA 50010     | Â             | ÂΧ        | Â       | Â    |  |
| Behar Leslie F.<br>2900 UNIVERSITY BOULEVARD<br>AMES, IA 50010    | Â             | ÂΧ        | Â       | Â    |  |
| Behar Living Trust<br>2900 UNIVERSITY BOULEVARD<br>AMES, IA 50010 | Â             | ÂX        | Â       | Â    |  |

### **Signatures**

/s/ Troy M. Calkins as attorney-in-fact for Jerome M. Behar, Leslie F. Behar and The Behar Living Trust

12/10/2014

\*\*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) 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 settlors of the Behar Living Trust.

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#### **Remarks:**

This amendment is being filed in order to attach all applicable powers of attorney, two of which 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.

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