FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| vvaoriington, | D.O. | _00.0 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Check this box if no longer subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | e conditions of e Instruction 1 | | | | | | | | | | | | | | | | |
|--|---|--|--|--------|---|-------------------|---|--|---|--|---|---|----------|---|--|---|--|
| 1. Name and Address of Reporting Person* Woodside Dennis | | | 2. Issuer Name and Ticker or Trading Symbol Freshworks Inc. [FRSH] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | |
| (Last) (First) (Middle) C/O FRESHWORKS INC. 2950 S DELAWARE STREET, SUITE 201 | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2024 | | | | | | Officer (give title Other (specify below) CEO & President | | | | | | | | |
| l ' | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | erson | | | | | | | |
| (City) | (Sta | ate) (Z | (ip) | | | | | | | | | | | | | | |
| | | Table | I - Non-E | erivat | tive | Secur | rities A | cqui | red, D | isposed o | f, or B | enefici | ally Own | ed | | | |
| , | | Date | ate Execution Ex | | 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 at 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | e V | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| Class A Common Stock 09/0 | | 01/202 | 4 | 1 | | F | | 54,878(1) | D | \$11.68 | 1,512,688 | | I |) | | | |
| Class A Common Stock 09/0 | | 01/202 | 4 | | F | | 15,515(1) | D | \$11.68 | 1,497 | 1,497,173 | |) | | | | |
| Class A Common Stock | | | | | | | | | | | | 278,027 | | I | | The Woodside 2012 Irrevocable Trust | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | action (Instr. | 5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5) | Expiration Date (Month/Day/Year) Sect Undo Derived and 3 and | | 7. Title Amou Secur Under Deriva Secur 3 and | nt of ities lying itive ity (Instr. | Repor | | ive Owners ties Form: Direct (or Indir ing ed ction(s) | | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | ate cercisab | Expiration e Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Represents the number of shares withheld by the Issuer to satisfy the tax withholding obligation in connection with the settlement of Restricted Stock Units

/s/ Pamela Sergeeff, Attorney- 09/04/2024 in-Fact

** 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.