Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

BENEFICIAL OWNERSHIP

| STATEMENT | OF | CHANGES | IN |
|-----------|----|---------|----|
| | | | |

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

| 1 | ame and Address of Reporting Person* athrubootham Rathnagirish | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshworks Inc. [FRSH] | | | | | | | | ck all app | , | ng Pers | son(s) to Is | | |
|---|--|--|---------------------------------|----------------------------------|---|--|-----------|-----|--|------|--|------------------|---|---|---|--|---|---------------------------------------|------------|
| (Last) | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | X | belov | er (give title v) F EXECU | TIVE | Other (s below) | ' | | |
| 2950 S DELAWARE STREET, SUITE 201 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SAN MA | ATEO CA | A 9 | 4403 | | | | | | | | | | X | | filed by One filed by Mo on | | Ū | | |
| (City) | (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Date, | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | | ties cially I Following | Form: (D) or | Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Class A C | Common St | ock | | 03/01/2 | 2024 | | | | A | | 620,432(| 1) | A | \$0 620,432 D | | | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | . Price of Perivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | V (A) (D) | | | able | Expiration Date | of Title Shar | | . | | | | | |

Explanation of Responses:

1. Represents grant of Restricted Stock Unit (RSU) award. Each RSU represents a contingent right to receive one share of the Issuer's Class A Common Stock upon settlement. The RSUs shall vest in equal quarterly installments over four years following March 1, 2024, subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2021 Equity Incentive Plan).

/s/ Pamela Sergeeff, Attorneyin-Fact 03/04/2024

** 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.