

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person* <u>WestBridge Crossover Fund, LLC</u> (Last) (First) (Middle) C/O CITCO (MAURITIUS) LIMITED 4TH FLOOR, TOWER A, 1 CYBERCITY (Street) EBENE O4 72201 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/09/2023	3. Issuer Name and Ticker or Trading Symbol <u>Freshworks Inc.</u> [FRSH]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A common stock	16,232,646	D ⁽¹⁾	

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

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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
WestBridge Crossover Fund, LLC
 (Last) (First) (Middle)
 C/O CITCO (MAURITIUS) LIMITED
 4TH FLOOR, TOWER A, 1 CYBERCITY
 (Street)
 EBENE O4 72201
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
WestBridge Capital Management, LLC
 (Last) (First) (Middle)
 APEX HOUSE, BANK STREET
 TWENTYEIGHT, CYBERCITY,
 (Street)
 EBENE O4 72201

(City)	(State)	(Zip)
1. Name and Address of Reporting Person *		
Singhal Sandeep		
(Last)	(First)	(Middle)
301, 3RD FLOOR, CAMPUS 6A, RMZ ECOWORLD OUTER RING ROAD		
(Street)		
BANGALORE, KA		560103
(City)	(State)	(Zip)
1. Name and Address of Reporting Person *		
Chadha Sumir		
(Last)	(First)	(Middle)
520 S. EL CAMINO REAL, SUITE 900		
(Street)		
SAN MATEO	CA	94402
(City)	(State)	(Zip)

Explanation of Responses:

1. The shares are held directly by WestBridge Crossover Fund, LLC. WestBridge Capital Management, LLC is the investment manager of WestBridge Crossover Fund, LLC. Sumir Chadha and Sandeep Singhal are directors of WestBridge Capital Management, LLC. Each Reporting Person, except for WestBridge Crossover Fund, LLC, disclaims beneficial ownership of the shares reported herein except to the extent of his or its pecuniary interest therein, if any, and the inclusion of these shares in this report shall not be deemed an admission that any Reporting Person is a beneficial owner of the securities reported in this filing for purposes of Section 16 of the Securities Exchange Act of 1934.

Remarks:

WestBridge Crossover Fund, LLC By: /s/ Peter Wendell Its: Director	02/14/2023
WestBridge Capital Management, LLC By: /s/ Sumir Chadha Its: Director	02/14/2023
Sumir Chadha By: /s/ Sumir Chadha	02/14/2023
Sandeep Singhal By: /s/ Sandeep Singhal	02/14/2023
** 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 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).

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.