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

Washington,	D.C.	20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL										
OMB Number: 3235-028										
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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

Name and Address of Reporting Person*     Woodside Dennis					2. Issuer Name <b>and</b> Ticker or Trading Symbol Freshworks Inc. [FRSH]							5. Relationshi (Check all ap X Dire		' '					
(Last) C/O FRE	(F ESHWORE	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023							X	Office below	,	sident	Other (s below)	specify		
2950 S DELAWARE STREET, SUITE 201				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	ATEO C	A 9	14403										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (.	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.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefi	cially	own (	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date		ate,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Second Ben Owr		urities eficially ned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pri	ce		orted nsaction(s) tr. 3 and 4)			(iiisti. 4)
Class A C	Common S	tock		09/01/2	2023				F		209,694(1	) [	\$	\$22.3 1,525,307 <sup>(2)</sup> D					
		Ta	ble II ·								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			nsaction de (Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sec (Ins	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	Code V (A) (D)		Date Exercis	sable	Expiration Date	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.
- 2. Includes 2,500 shares of Class A common stock purchased pursuant to the Issuer's Employee Stock Purchase Plan (ESPP) for the ESPP purchase period from November 16, 2022 through May 15, 2023. This transaction is exempt from Rule 16b-3(c). In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the Issuer's Class A common stock on May 15, 2023.

## Remarks:

/s/ Pamela Sergeeff, Attorneyin-fact

\*\* Signature of Reporting Person

09/06/2023 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.