FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Sloat Tyler | | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshworks Inc. [FRSH] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|---|------------|--------|-----------------------------------|---|--|----------------|--|---|--------------------|--|--|---|-----------------------|---|---|-----------|--|--|--|
| (Last) | Last) (First) (Middle) C/O FRESHWORKS INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2024 | | | | | | | | | V | chief (give title below) CHIEF FINANCIAL OFFICER | | | | | |
| 2950 S DELAWARE STREET, SUITE 201 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SAN MA | ATEO C | O CA 94403 | | | | | | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | 1 | 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 | | | | | | | | | | | | | | | |
| | | | | | | | ons of Rule 10 | | | | | | p | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Da | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | , 4 and Secui Bene | | rities Ficially (I | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (111341. 4) | |
| Class A Common Stock 08/01/20 | | | | | 024 | | | | F | | 6,974(1) | П |) \$ | 611.97 | 87 | 872,849 | | D | | |
| Class A Common Stock 08/01/2 | | | | | .024 | | | | F 10,972 ⁽¹⁾ | | Г |) \$ | 611.97 | 861,877 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Exe ecurity or Exercise (Month/Day/Year) if ar | | if any | emed tion Date, n/Day/Year) | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercition Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | is Bly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | c | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Title | 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-08/02/2024

** Signature of Reporting Person

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.