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**

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

Vashington,	DC	20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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 defense conditions of Rule 10b5-1(c). See Instruction 10.

Instruction 1(b).

1. Name and Address of Reporting Person* <u>AUSTIN ROXANNE S</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Freshworks Inc. [FRSH]									k all app Direc	licable) tor	ng Person(s) to Is		wner
(Last) (First) (Middle) C/O FRESHWORKS INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/09/2024									Office below	er (give title v)		Other (s below)	specify	
2950 S DELAWARE STREET, SUITE 201				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)	ATEO (	SA 9	94403											Line)		filed by On- filed by Mo		•	
(City)	(	State) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			Date,	Transaction Disposed Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4				ties cially I Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	(A) or (D) Pr		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock 10/09/2					2024				<b>S</b> <sup>(1)</sup>		6,303	D	) \$	S11.1 <sup>(2)</sup>	21	1,787	Ι	)	
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 Executive curity or Exercise (Month/Day/Year) if any		emed 4. Transaction Code (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	vnership orm: rect (D) Indirect	Beneficial Ownership (Instr. 4)	
					Code	V (A) (D)				Expiration Date	Title	Amo or Num of Shar	ber						

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan, adopted March 11, 2024.
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.993 to \$11.161 per share, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separated price within the range set forth in this footnote.

/s/ Pamela Sergeeff, Attorney-10/11/2024

\*\* 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.