FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	DС	20549	
vasimigion,	D.O.	20040	

<b>STATEMENT</b>	OF CHANGE	S IN BENEFIC	IAL OWNERSHI	P

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

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*     AUSTIN ROXANNE S					2. Issuer Name and Ticker or Trading Symbol Freshworks Inc. [ FRSH ]							(Ch	eck all app	ationship of Reportir k all applicable) Director		son(s) to Is			
(Last)	(F	rst) (ľ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024								Office below	er (give title		Other (s below)	specify		
C/O FRE	ESHWORK	IS INC.			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. lı	6. Individual or Joint/Group Filing (Check Applicable						
2950 S Γ	DELAWAR	E STREET, SUI	ΓE 201		, , , , , , , , , , , , , , , , , , , ,							Line	- /	Form filed by One Reporting Person					
(Street) SAN MATEO CA 94403					Form filed by More than One Reporting Person										orting				
-					Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate) (Z	Zip)		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 - Non-D	Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			ate	Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		ies Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefic Owned	ies cially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price		action(s) . 3 and 4)			(Instr. 4)
Class A C	Common St	ock	0	04/01/2	2024				A		769(1)	A \$0		0 89,200			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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		Date,	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C F D o (I	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	ount nber ires					

## **Explanation of Responses:**

1. Represents the grant of fully-vested restricted stock that the Reporting Person elected to receive in lieu of cash compensation under the Issuer's Non-Employee Director Compensation Policy. Grant reflects director compensation for the first quarter of 2024. The number of shares received in lieu of cash was calculated by dividing the applicable value of the equity by the average closing price of our common stock over the 30 consecutive trading days immediately preceding April 1, 2024, rounded down to the nearest whole share.

/s/ Pamela Sergeeff, Attorney-04/03/2024

in-Fact

\*\* 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.