FORM 4

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

A december to the section of		00540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-02 Estimated average burden									
	hours per response:	0.5								

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

1. Name and Address of Reporting Person*  Gessert Erica						2. Issuer Name and Ticker or Trading Symbol UPWORK, INC [ UPWK ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(F WORK INC	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023								7	below)	Officer (give title below)  Chief Finance		Other (specify below)			
475 BRANNAN STREET, SUITE 430					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN FRANCISCO CA 94107													2	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
					Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate)	(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.														
		Tal	ole I - Non	-Deriv	ative	Se	curities	s Ac	quirec	, Di	sposed	of, or	Bei	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed O' Code (Instr. 5)			ırities A ed Of (C	rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned F	s ally following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amoun	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
			Table II - I								oosed o				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Ti	Code (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 Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e Ov S Fo Illy Di or I (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercis	ıble	Expiration Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				
Restricted Stock Units (RSU)	(1)	05/18/2023			A	A 600,000			(2)		(2)	Comn		600,000	\$0.00	600,000		D		

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 2. The RSUs vest 25% on May 18, 2024, and then 1/16th of the total number of shares on each quarterly anniversary thereafter, subject to the continuing employment of the Reporting Person with the Issuer on each vesting date.

## Remarks:

/s/ Jacob McQuown, Attorney-

in-Fact

\*\* Signature of Reporting Person

Date

05/22/2023

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.