## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington	DC 2	0549	

OMB APPROVAL									
OMB Number:	3235-0287								
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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)

Check this box to indicate that a 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. 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*				2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Brown Hayden				UPWORK, INC [ UPWK ]										1	Directo	r		10% Ov	vner	
(Last) (First) (Middle)					2 Date of Farlingt Transporting (Month (Day (Man)									-	1	Officer below)	(give title		Other (s	specify
(Last) (First) (Middle) C/O UPWORK INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024									President & CEO						
530 LYTTON AVENUE, SUITE 301																				
				Î	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PALO ALTO CA 94301														٦	Form filed by One Reporting Person					
			<del></del>													Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)													1 01301				
		Tab	le I - Non	-Deriva	tive	Sec	uriti	ies Ac	quirec	, Dis	sposed	of, c	or Ber	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa: Date (Month/D:					Execution Date,			Code	Transaction Disposed Of (D. Code (Instr. 5)			es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	v	Amoui	Amount (A) or (D)		Pric	Э	Transaction(s) (Instr. 3 and 4)				(111341. 4)		
Common Stock 12/09/					/2024 M <sup>(1)</sup> 68,199 A		\$3	.68	1,249,420			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)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date if any (Month/Day/Year)			ate, Tra	e, Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			of : Un De	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
									Date		Expiration			Amour or Number of	r					
				Co	de V	_	(A)	(D)	Exercis	ble	Date	Titl	le	Shares						
Stock Option	\$3.68	12/09/2024		l M	(1)			68 199	(2)		09/25/202	, Co	mmon	68 19	9	\$0.00	193 51	0	D	

## **Explanation of Responses:**

- 1. This transaction reflects a cash exercise of stock options without a subsequent sale of the underlying shares of common stock.
- 2. The option is fully vested and exercisable.

## Remarks:

Buy)

/s/ Jacob McQuown, Attorneyin-Fact

12/11/2024

\*\* 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.