FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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).

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 10b5Filed 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* <u>Kilberg Bobbie G</u>						2. Issuer Name and Ticker or Trading Symbol APPIAN CORP [APPN]									k all app Direc	tor	ng Perso	10% Ov	vner	
(Last) (First) (Middle) C/O APPIAN CORPORATION 7950 JONES BRANCH DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025										Office below	er (give title v)		Other (s	specify	
/950 JOI	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street) MCLEAN VA 22102														Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Table	I - Non	-Deriva	tive S	Secu	rities	s Acqı	uired,	Dis	osed of	, or E	Benefi	cially	/ Own	ed				
1. Title of S	etion			Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed C					, 4 and Securi Benefi		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	Amount	(A) (D)	or Pr	ce	Transaction(s) (Instr. 3 and 4)				,,					
Class A C	2025			A ⁽¹⁾		947	A	1	\$0		947	D								
Class A C									11	1,450	I		By trust ⁽²⁾							
		Tal									sed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	ecution Date, iny		4. Transaction Code (Instr. 8)			6. Date Exercie Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	/ (A) (D)				Expiration Date	Title	Amour or Number of Shares							

Explanation of Responses:

- 1. These shares were granted under the Issuer's 2017 Equity Incentive Plan pursuant to the Issuer's Non-Employee Director Compensation Policy, as amended and approved by the Board of Directors on
- 2. 1,246 shares are held by the Barbara Greene Kilberg Living Trust U/A dated July 1, 1998, of which William and Barbara Kilberg are the co-trustees; 1,246 shares held by the Kilberg Family Trust U/A dated October 13, 2021, of which Barbara Kilberg is the trustee; and 8,958 shares held by William & Barbara Kilberg Trustees of the William Kilberg Trust dated July 1, 1998 and Barbara & William Kilberg Trustees of the Barbara Kilberg Trust dated July 1, 1998, Tenants in Common ("WB Trust"). Includes 915 shares previously owned directly that were contributed to the WB Trust on 10/21/2024.

Remarks:

/s/ Angela Patterson, 01/03/2025 Attorney-in-Fact

** 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.