FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | 01 . | Jecui | 011 30(11) | or title it | iivestiiieii | it Con | ilpaily Act | 01 134 | +0 | | | | | | | | |
|--|---|--|---|---------|---------------------------|--|---|-------------|-------------------------------------|--------|--|--|-----------------|---------------------------|---|--|---|--|---|--|--|
| Name and Address of Reporting Person* Kilberg Bobbie G | | | | | | 2. Issuer Name and Ticker or Trading Symbol APPIAN CORP [APPN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | X | Direc | tor | 1 | 10% Owner | | |
| (Last) (First) (Middle) C/O APPIAN CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2017 | | | | | | | | | | Office | er (give title v) | | Other (specify below) | | |
| 11955 DEMOCRACY DRIVE, SUITE 1700 | | | | | | | | | | | | | | | | | | | | | |
| 11955 DEMOCRACY DRIVE, SUITE 1/00 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | - | Line) X Form filed by One Reporting Person | | | | | | |
| RESTON | I VA | Λ 2 | 20190 | | | | | | | | | | | | 21 | | i filed by Mo | | • | | |
| | | | | | | | | | | | | | Pers | | re triair on | Стор | orung | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally O | wne | ed | | | | |
| Date | | | | | te E onth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 10/01 | | | | | | 10/01/2017 | | | A ⁽¹⁾ | | 614 | 514 A | | \$ | 2,665 | | 2,665 | D | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Instr. | | n of | | 6. Date Expiration (Month/Date) | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | • | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber res | | | | | | | |

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 approved by the Board of Directors on May 10, 2017.

Remarks:

/s/ Lauren Ackermann, Attorney-in-Fact 10/03/2017

** 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.