SEC For	rm 4 FORM	<b>4</b> U	NITE		ΓES	SEC	CU	RITIE	SAN	ND E	EXCHAN	IGE	CON	IMIS	SION	1		
		. 0				•		Washin									OMB APPR	OVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5						F OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden	
🔲 obligat	tions may cont ction 1(b).			Filed	l pursu or Se	ant to ection	Sect 30(ł	tion 16(a) n) of the I	) of the nvestm	Securi ent Co	ties Exchange mpany Act of	e Act of 1940	f 1934				s per response:	0.8
1. Name and Address of Reporting Person <sup>*</sup> Abdiel Capital Advisors, LP						2. Issuer Name and Ticker or Trading Symbol <u>APPIAN CORP</u> [ APPN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024								Officer (give title Other (specify below) below)				
	C/O ABDIEL CAPITAL				4. lf.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	90 PARK AVENUE, 29TH FLOORStreet)													Form filed by One Reporting Person X Form filed by More than One Reporting Person				
NEW Y	W YORK NY 10016			Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate) (2	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.														
		Table	I - No	on-Deriva	ative	Secu	uriti	es Acc	quirec	l, Dis	posed of	or B	enefic	cially	Owne	d		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Exec if any	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Inst 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownershi	
						ľ		• •	Code	v	Amount	(A) o (D)	r Price	•	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)
																,		By
Class A Common Stock 02/21/20				024	)24			s		385,242	D	\$32	2.44	5,905,062		I	Abdiel Qualifie Master Fund,	
						$\vdash$						<u> </u>	_	$\neg$				LP <sup>(1)</sup> By
Class A Common Stock 02/21/20				.024	124			S		14,758	D	\$32	2.44	5,890	0,304	I	Abdiel Capital, LP <sup>(1)</sup>	
		Ta	ble II								osed of, o convertibl				Dwned		I	1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) ve		3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number on of		6. Date Exerci Expiration Da (Month/Day/Yo		cisable and ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. P Der Sec (Ins	ivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ownersh s Form: Illy Direct (D or Indirec g (I) (Instr.	Beneficia Ownersh t (Instr. 4)
					Code	v	(A	A) (D)	Date	isable	Expiration Date	Title	Amount or Number of Shares	r				
1. Name a	I nd Address o	I f Reporting Person <sup>*</sup>	I				<u> </u>	, (,									I	
<u>Abdiel</u>	Capital A	Advisors, LP																
	DIEL CAP	(First) ITAL 5, 29TH FLOOR	(№	liddle)		_												
(Street)		NY	1(	0016		_												
(City)		(State)	(7	ip)		-												
1. Name a		f Reporting Person <sup>*</sup>		יאי														
(Last) C/O AB	DIEL CAP	(First)	(N	liddle)		-												
		$\frac{11}{2}$																

NEW YORK	NY	10016
(City)	(State)	(Zip)
1. Name and Address Abdiel Capita	s of Reporting Person <sup>*</sup> <u> 1 LP</u>	
(Last) C/O ABDIEL CA 90 PARK AVEN	(First) APITAL UE, 29TH FLOOR	(Middle)
(Street) NEW YORK	NY	10016
(City)	(State)	(Zip)
1. Name and Address Abdiel Partne	s of Reporting Person <sup>*</sup> r <u>s, LLC</u>	
(Last) C/O ABDIEL CA 90 PARK AVEN	(First) APITAL UE, 29TH FLOOR	(Middle)
(Street) NEW YORK	NY	10016
(City)	(State)	(Zip)
	s of Reporting Person <sup>*</sup> <u>1 Management, I</u>	LC
(Last) C/O ABDIEL CA 90 PARK AVEN	(First) APITAL UE, 29TH FLOOR	(Middle)
(Street) NEW YORK	NY	10016
(City)	(State)	(Zip)
1. Name and Address Moran Colin	s of Reporting Person <sup>*</sup>	
(Last) C/O ABDIEL CA 90 PARK AVEN	(First) APITAL UE, 29TH FLOOR	(Middle)
(Street) NEW YORK	NY	10016
(City)	(State)	(Zip)

Explanation of Responses:

1. The share numbers in Column 5 represent the aggregated holdings of Abdiel Qualified Master Fund, LP ("AQMF"), Abdiel Capital, LP ("ACLP") and Abdiel Partners, LLC ("APLLC"). Abdiel Capital Advisors, LP serves as the investment manager of AQMF, ACLP and APLLC. Abdiel Capital Management, LLC is the general partner of AQMF and ACLP. Colin T. Moran is the managing member of Abdiel Capital Management, LLC and Abdiel Capital Partners, LLC, which is the general partner of Abdiel Capital Advisors, LP and the managing member of APLLC. By virtue of the foregoing relationships, Mr. Moran and Abdiel Capital Advisers LP may be deemed to beneficially own the securities held by AQMF, ACLP and APLLC, and Abdiel Capital Management LLC may be deemed to beneficially own the securities, except to the extent of its or his pecuniary interest therein.

By: /s/ Colin T. Moran as managing member of Abdiel Capital Partners, LLC, general partner of Abdiel Capital Advisors, LP	02/23/2024
By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, general partner of Abdiel Qualified Master Fund, LP	<u>02/23/2024</u>
By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, general partner of Abdiel Capital, LP	02/23/2024

By: /s/ Colin T. Moran as<br/>managing member of Abdiel<br/>Capital Partners, LLC,<br/>managing member of Abdiel<br/>Partners, LLC02/23/2024By: /s/ Colin T. Moran as<br/>managing member of Abdiel<br/>Capital Management, LLC02/23/2024By: /s/ Colin T. Moran,<br/>individually02/23/2024\*\* Signature of Reporting PersonDate

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.