FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT (OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

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

1. Name and Address of Reporting Person* Kilberg Bobbie G					2. Issuer Name and Ticker or Trading Symbol APPIAN CORP [APPN]							(Ch	telationship eck all app X Direc	,	ng Per	rson(s) to Is			
(Last)	(Fi	rst) (ľ	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								Office below	er (give title v)		Other (: below)	specify	
C/O APPIAN CORPORATION 7950 JONES BRANCH DRIVE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) MCLEA	N VA	. 2	2102												Form Perso	filed by Mo on	re thai	n One Rep	orting
Rule 10b5-1(c) Transaction Indication (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										n that is inte	nded to								
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3,			Benefi	ties cially I Following	Form (D) o	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
					Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)	tion(s)		(Instr. 4)				
Class A (Common St	ock		01/02/	2024		A ⁽¹⁾		829	829 A		\$ <mark>0</mark>	4,598			D			
Class A Common Stock															4,	143(2)		I	By trust
	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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			on Date,	4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Date Exercisa	able	Expiration of		or Num of Shar	nber					

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 December 18, 2020.
- 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 1,651 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.

Remarks:

/s/ Angela Patterson, Attorney-in-Fact

01/03/2024

** 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.