FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 205

OMB APPR	OVAL				
OMB Number:	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).

90 PARK AVENUE, 29TH FLOOR

(Street)

Filed 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>Abdiel Capital Advisors, LP</u>				API	2. Issuer Name and Ticker or Trading Symbol APPIAN CORP [APPN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/12/2023								Officer (give title Other (specify below) below)						
C/O ABDIEL CAPITAL 90 PARK AVENUE, 29TH FLOOR			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street) NEW Y	W YORK NY 10016				X Form filed by Mo										ore tha	n One Rep	oorting		
(City)	r) (State) (Zip)			$ $ $ $ $ $	Rule 10b5-1(c) Transaction Indication 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	n-Deriva	ative S	Sec	urities	Acq	uired	, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)			2. Transac Date (Month/Day		Exe if a	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or f (D) (Instr. 3, 4 ar			5. Amor Securiti Benefic Owned Reporte	ies ially 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 P	rice	Transac (Instr. 3	ction(s)			(111341. 4)
Class A (Common St	ock		12/12/2	2023				S		724,078	D	, 5	\$35.3	6,63	37,366	I A Q M Fr		By Abdiel Qualified Master Fund, LP ⁽¹⁾
Class A (Common St	ock		12/12/2	2023				S		25,922	D		\$35.3	6,61	11,444	I		By Abdiel Capital, LP ⁽¹⁾
		Tal	ole II -								osed 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)	if any		4. Transa Code (8)	ctior	5. Nu n of Deriv Secu Acqu (A) o Disp of (D	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		cisable and	1		8. D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Iy Direct or Indi (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	ber					
		Reporting Person* Advisors, LP																	
	DIEL CAPI K AVENUE	(First) TTAL , 29TH FLOOR	(Mi	iddle)															
(Street)	ORK	NY	10	016															
(City)		(State)	(Zij	p)															
		Reporting Person* Master Func	l LP																
(Last)	DIEL CAP	(First)	(Mi	iddle)															

NEW YORK	NY	10016					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Abdiel Capital LP</u>							
(Last) C/O ABDIEL CA 90 PARK AVENU		(Middle)					
(Street) NEW YORK	NY	10016					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Abdiel Partners, LLC</u>							
(Last) (First) (Middle) C/O ABDIEL CAPITAL 90 PARK AVENUE, 29TH FLOOR							
(Street) NEW YORK	NY	10016					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* Abdiel Capital Management, LLC							
(Last) (First) (Middle) C/O ABDIEL CAPITAL 90 PARK AVENUE, 29TH FLOOR							
(Street) NEW YORK	NY	10016					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* Moran Colin T.							
	<u>.</u>						
(Last) C/O ABDIEL CA 90 PARK AVENU	(First)	(Middle)					
(Last) C/O ABDIEL CA	(First)	(Middle)					

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 held by AQMF and ACLP. Each Reporting Person disclaims beneficial ownership of such 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 12/14/2023 partner of Abdiel Capital Advisors, LP By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, 12/14/2023 general partner of Abdiel Qualified Master Fund, LP By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, 12/14/2023 general partner of Abdiel Capital, LP

By: /s/ Colin T. Moran as 12/14/2023 managing member of Abdiel

Capital Partners, LLC, managing member of Abdiel

Partners, LLC

By: /s/ Colin T. Moran as

managing member of Abdiel 12/14/2023

Capital Management, LLC

By: /s/ Colin T. Moran,

12/14/2023

<u>individually</u>

** 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.