FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C | 20549 |
|--------------|------|-------|
| vasilington, | D.C. | 20049 |

| | STATEMENT (| OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|--|-------------|---------------|------------|------------------|
|--|-------------|---------------|------------|------------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| 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).

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>Lynch Mark Steven</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol APPIAN CORP [APPN] | | | | | | | ck all app | nip of Reporting Person(s) opticable) ector 10% | | on(s) to Is | | | | |
|--|---|-----------|---------------------------------|---|--|---|---------|---|-----------|------------|--|---|---|---|--|-----------------------------------|----------|----------|------------|
| 0, 0 | | PORATION | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2022 | | | | | | Office below | er (give title /) | | Other (s below) | specify | | | |
| 7950 JO | NES BRAN | ICH DRIVE | | | 4. If A | mend | ment, I | Date of | f Origina | l Filed | l (Month/Da | y/Year | -) | 6. Ind | lividual or | Joint/Grou | p Filing | (Check A | oplicable |
| (Street) MCLEA | N VA | 2 | 2102 | | | | | | | | | | | X | | filed by On- filed by Mo on | | • | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | 6. Own Form: (D) or I (I) (Inst | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) | (A) or (D) P | | | ction(s) | | | (Instr. 4) |
| Class A Common Stock 10 | | | | 10/01/2 | 2022 | | | A ⁽¹⁾ | | 765 | 1 | A | \$ <mark>0</mark> | 0 27,098 | | I | D | | |
| 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 | | | ative rities ired osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | unt per | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Oi Oi Oi (I) |). wnership orm: irect (D) r Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

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.

Remarks:

/s/ Angela Patterson, Attorney-in-Fact

10/04/2022

** 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.