FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
I	Estimated average burden								
I	hours per response:	0.5							

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>GRETSCH GREGORY C.</u>				2. Issuer Name and Ticker or Trading Symbol <u>UPWORK, INC</u> [UPWK]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Fir	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/20/2023								Λ		er (give title	(specify
C/O UPWORK INC. 475 BRANNAN STREET, SUITE 430				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	_													Form Perso	filed by Mo on	re than On	e Rep	orting
FRANCISCO CA 94107			Rule	e 10	b5-1(c)	Tran	sact	tion Indi	catior	1								
(City) (State) (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	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Be	nefici	ally	Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)			, 4 and Secur Benef Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	rect)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reporte Transa (Instr. 3	ction(s) 3 and 4)			(Instr. 4)
Common	Stock			12/20/2	2023			G		9,076(1)	D	\$0.0	00	71	4,162	I (2)		See footnote (2)
Common	Stock			12/20/2	2023			G		9,076(1)	A	\$0.0	00	35	5,020	I ⁽³⁾		See footnote (3)
Common	Stock													26	8,939	D		
Common Stock												71	6,795	I ⁽⁴⁾		See Footnote (4)		
Common Stock												1,13	31,592	I (5)		See Footnote (5)		
		Tal					ies Acqui varrants,							Owned	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)		ion Date,	Code (Instr.		of	6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Exercis	able	Expiration Date	N O	umber						
Evalenatio	n of Resnons	·																

- 1. Bona fide gift
- 2. Shares are held by a trust for the benefit of the Reporting Person and his spouse.
- 3. Shares are held by a trust for the benefit of the Reporting Person's children.
- 4. Shares are held by a trust for the benefit of the Reporting Person.
- 5. Shares are held by a limited partnership controlled by the Reporting Person.

Remarks:

/s/ Jacob McQuown, Attorney-

** 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.