FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEF	ICIAL OWNERS	SHIP

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* LACEY ELEANOR B				2. Issuer Name and Ticker or Trading Symbol Asana, Inc. [ASAN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
ETTOE	BEERI	<u> </u>												Tra .		er (give title		Other (s	
(Last)	Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									1	belov	pelow) "		below)	, ,	
C/O ASA	C/O ASANA, INC.			12/26/2024								GC, Corporate Secretary							
	,	EET, SUITE 100)																
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
SAN	~			_										₩.	Form	filed by One	e Repo	orting Perso	on
FRANCI	ISCO CA	A 9	410	7											Form filed by More than One Repor Person				
(City)	(St	ate) (Ž	Zip)																
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	isposed (of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)		, i	3. Transaction Code (Instr. 8)		4. Securities Disposed Of	urities Acquired (A) or sed Of (D) (Instr. 3, 4 ar			Secur Benef Owner	icially d Following	Form (D) or Indire	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership			
								[Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)	(Instr	r. 4)	(Instr. 4)
Class A Common Stock 12/26/202-			4		T	S ⁽¹⁾	S ⁽¹⁾ 3,841 D S		\$21.83	88(2)	353,584			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
4 Title of	2.	2 Transaction	٦,	· • · · ·		uno, v						_		í	wies e s	l o Number		10	44 Natura
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any					ransaction of Dericode (Instr.) Sec Acq (A) of Disp of (I		Expiration (Month/Dispersion (n Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	ve derivative Securities	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration e Date	n Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted December 22, 2023.
- 2. The reported price in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$21.645 to \$21.96 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Katie Colendich, Attorney-12/30/2024 in-Fact ** 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.