FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington,	D.C. 20)549		

UIVIB APP	ROVAL
OMB Number:	3235-0287
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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 10b5-

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

1(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Anderson-Copperman Krista				2. Issuer Name and Ticker or Trading Symbol Asana, Inc. [ASAN]							Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Anderson-Copperman Krista												✓ Dire	ctor		10% Ov	vner			
(Last)	(Fii	rst) (M	/liddle)	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024							Offic belo	er (give title w)		Other (s below)	specify				
633 FOLSOM STREET, SUITE 100																			
033 FOLSOM STREET, SUITE 100			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)							16	6. Individual or Joint/Group Filing (Check Applicable							
(Street)				_ "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)					
SAN														 Forn	n filed by On	e Rep	orting Perso	on	
FRANCI	ISCO CA	Λ 9	4107											Forn Pers	n filed by Mo on	re tha	n One Repo	orting	
(City)	(St	ate) (Ž	Zip)	_															
		Table	I - Non-Der	vative	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Owr	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. 4. Securities Acquired (Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)			nd Secur Benef Owne	ities Fordicially (D) diffully (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(/	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A Common Stock 11/01/			1/2024	2024		A		1,088(1)) A		\$(48,207			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)	1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) If any		4. Trans Code	4. 5. Number of Code (Instr. Derivative		umber vative urities uired or osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		d f	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ount mber ares						

Explanation of Responses:

1. These shares represent the Class A Common Stock that the Reporting Person elected to receive in lieu of cash compensation under the Issuer's Non-Employee Director Compensation Policy for the quarter ended October 31, 2024. The number of shares of Class A Common Stock received in lieu of cash was calculated based on the closing price of a share of Class A Common Stock on October 31, 2024.

Remarks:

/s/ Katie Colendich, Attorneyin-Fact

11/05/2024

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** 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.