Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DС | 20549 |
|---------------|------|-------|
| rvasiliigion, | D.C. | 20040 |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANG |
|---|--------------------|
| obligations may continue. See | |

OMB APPROVAL 3235-0287 **ES IN BENEFICIAL OWNERSHIP** Estimated average burden 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>Anderson-Copperman Krista</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Asana, Inc. [ASAN] | | | | | | | | | (Ch | Relationship eck all app old X Direc | , | | n(s) to Is: | |
|---|--|--|---|--------|--|---|--|-----|--|--------|---|------------------|--|---|--|---|--------------------------|--|-----------|
| (Last) | (Fi | est) (N | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024 | | | | | | | | | Office below | er (give title /) | | Other (s below) | pecify | |
| C/O ASANA, INC. 633 FOLSOM STREET, SUITE 100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicab ne) X Form filed by One Reporting Person | | | | | | |
| (Street) SAN FRANC | ISCO CA | A 9 | 4107 | | Rul | Form filed by More than One Reperson Rule 10b5-1(c) Transaction Indication | | | | | | | | | | One Repo | orting | | |
| (City) | (St | | 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 - Non-De | erivat | tive S | Secui | rities | Acq | uired, | Disp | osed of | , or E | 3en | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | te | ay/Year) Execu | | Deemed cution Date, y nth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A) Of (D) (Instr. 3, 4 | | (A) or . 3, 4 an | Benefic Owned | ies cially Following | 6. Owne Form: D (D) or In (I) (Instr | Direct of direct of 1.4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| Class A Common Stock 02/01 | | | | | 2024 | | | Α | | 746(1) | A \$0 | | 30,769 | | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | ate, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ow For Dir or | nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or | 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 January 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 January 31,

/s/ Katie Colendich, Attorney-02/05/2024

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.