FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

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
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

							. ,		IVCStrict			_		_						
1. Name ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol  Thoughtworks Holding, Inc. [ TWKS ]									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner									
															10% O	wner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023									Office below	er (give title v)		Other (s	specify	
C/O THO	OUGHTWO	4. If Ai	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
200 E R	The second continued (world weap) teal)									Line	Line)  X Form filed by One Reporting Person									
-															Form filed by More than One Reporting					
(Street)	GO IL	6	60601												Pers		ne man c	ле кер	orung	
CHICAC		6			Rule 10b5-1(c) Transaction Indication															
7.20. 3	/2.				Ruit	3 T(	mo-T(	C)	mans	sac	uon ma	lica	lion							
(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 A	cq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,			<i>'</i>	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)						d Securi Benefi Owned Follow	cially i ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(	A) or D)	Price		ted action(s) 3 and 4)				
Common Stock 06/05/20						2023			A		19,699	1)	A \$0		32,029		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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		d 4)	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (C	))	Date Exercisa	ıble	Expiration Date	Title	or Nun of	nber res						

## Explanation of Responses:

1. The reported securities are restricted stock units ("RSUs"), which will vest on the 12-month anniversary of the grant, subject to the applicable terms and limitations of the Non-Employee Director Compensation Policy dated September 17, 2021, Omnibus Incentive Plan and the applicable RSU Grant Agreement.

## Remarks:

/s/ Christine McKillip

Attorney-in-Fact for

**Reporting Person** 

\*\* Signature of Reporting Person Date

06/06/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.