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(h) of the Investment Company Act of 1940

					1		()				iipaiiy Act c			_							
1. Name ar Davis I	nd Address of	2. Issuer Name and Ticker or Trading Symbol Thoughtworks Holding, Inc. [TWKS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
		<u> </u>										X Dir	ector		10% Ov	vner					
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023									Officer (give title below)			Other (s below)	specify						
C/O THO	Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
200 E RANDOLPH STREET						4. II Allieliument, Date of Oligina Fried (Month/Day/Teal)								Lin	Line)						
,												X Form filed by One Reporting Person									
(Street) CHICAGO IL 60601																Form filed by More than One Reporting Person					
					Rule	Rule 10b5-1(c) Transaction Indication															
(City)	(C+	oto) (7	7in)		Kuic	Traic 1000-1(c) Halisaction indication															
(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	l - No	n-Deriva	tive Se	ecui	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Ov	/ned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					//Year)	Executif any	Deemed cution Date, y oth/Day/Year)		3. 4. Securiti Transaction Code (Instr. 8) 5.		ies Acquired (A Of (D) (Instr. 3,		(A) or . 3, 4 aı	d Secu Bend Own		Form (D) o Indir	n: Direct	7. Nature of Indirect Beneficial Ownership			
														Following Reported		r. 4)	(Instr. 4)				
									Code	v	Amount	((A) or (D)	Price		saction(s) r. 3 and 4)					
Common Stock 06/05/20						2023					28,892	l)	A	\$ <mark>0</mark>		72,055		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., pu	ts, cai	IS, V	varra	ants,	option	is, c	onvertib	ie s	secur	ities							
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		; ;	3. Price of Derivativ Security Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nun of	ount 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.

- * 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.