FORM 4

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

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person*  McDermott William R				2. Issuer Name and Ticker or Trading Symbol ServiceNow, Inc. [ NOW ]						(Ch	elationship of the control of the co	cable)	Person(s) to Iss			
(Last) C/O SER	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024							V Officer below)	(give title  Chairman	Other (s below)	specify
2225 LAWSON LANE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SANTA CLARA CA 95054												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		Rı	ule '	10b5-	1(c)	Transac	tion Ind	ication	,				
						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.										
		Tab	le I - Non	-Deriv	ative	e Se	curities	Ac	quired, Di	sposed o	of, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execu Day/Year) if any		Execution f any	A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F	s Fally (I	orm: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amount	int (A) or (D)		Reported Transact (Instr. 3 a	ion(s)			
		-							uired, Dis , options,				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate, T	4. Transaction Code (Instr. 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (Right to Buy)	\$697.76	02/06/2024			Α		69,384		(1)	10/29/2031	Common Stock	69,384	\$697.76	208,152 <sup>(1)</sup>	) D	

1. As the Issuer has previously disclosed, on October 29, 2021, a Performance Stock Option (PSO) was granted to the Reporting Person. The Issuer also disclosed that there are eight separate tranches to the PSO and any tranche may vest only if both subscription revenue and stock price performance metrics are met, in addition to service requirements. The performance period ends September 30, 2026. On February 6, 2024, the Issuer's Compensation Committee certified achievement of the subscription revenue metric for Tranche Three of the PSO. Despite having met this performance metric, the shares for Tranche Three have not yet vested. They may vest, if at all, only if: (i) the achievement of the applicable stock price metric is certified; and (ii) the Reporting Person is either Chief Executive Officer or Executive Chairman of the Issuer on such vesting date.

## Remarks:

/s/ William R. McDermott by Russell S. Elmer, Attorney-in-

\*\* Signature of Reporting Person

02/08/2024 **Fact** 

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.