FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,

Washington, D.C. 20549	OMB APP	ROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	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
obligations may continue. See
Instruction 1(b).

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 7								
1. Name and Address of Reporting Person* BERNS STEVEN				2. Issuer Name and Ticker or Trading Symbol Tradeweb Markets Inc. [TW]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DEKIN	<u> </u>	<u>51N</u>												X	Direc	tor		10% Ov	vner
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024									Officer (give title below)				Other (s	specify	
TRADEWEB MARKETS INC.																			
1177 AVENUE OF THE AMERICAS				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
11// AVENUE OF THE AMERICAS													X Form filed by One Reporting Person						
(Street)													Form filed by More than One Reporting Person						
NEW YORK NY 10036					Dula 10hE 1(a) Transaction Indication														
					Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate) (2	Zip)		 	Check	this box to	n indic	cate tha	t a trar	saction was m	nade nu	rsuant to	a contr	act instr	ruction or writ	ten ni	an that is inte	nded to
satisfy the affirmative defens										that a transaction was made pursuant to a contract, instruction or written plan that is interense conditions of Rule 10b5-1(c). See Instruction 10.							naca to		
		Table	I No	n Doriva	tivo S	200111	ritios A	١.٥٥	uirod	Dic	posed of	or P	onofic	ially	Own	od.			
			1 - 140					₹CQ	uneu	, Dis	poseu oi	, OI B	enenc	lally					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execu y/Year) if any		ution Date,		3. Transaction Code (Instr. 8)					and Sec Bei Ow				m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A common stock 05/				05/20/2	/2024				s ⁽¹⁾ 760 D \$		\$112	2.71	3,574(2)			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)	rivative Conversion Date Execution Double or Exercise (Month/Day/Year) if any		tion Date,	Date, Transaction Code (Instr.		of Exp		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	rice of ivative urity tr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)	
													Amount						

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 4, 2023.
- 2. This amount includes 1,323 unvested RSUs in respect of the Class A Common Stock that are scheduled to vest on May 10, 2025, subject to the reporting person's continued service as a director through such vesting date or as may be pro-rated in accordance with the issuer's Non-Employee Director Compensation Policy, as disclosed in the issuer's Proxy Statement on DEF 14A filed with the SEC on March 28, 2024.

(D)

Date Exercisable

/s/ Douglas Friedman,

of Shares

Title

Attorney-in-Fact for Steven 05/21/2024

Expiration Date

** 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).

Code V

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.