FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	MB Number: 3235-0104						
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* LILLY ELI & CO 2. Date of Event Requiring Statement (Month/Day/Year) 09/19/2018			3. Issuer Name and Ticker or Trading Symbol Elanco Animal Health Inc [ELAN]							
(Last) (First) (Middle) LILLY CORPORATE CENTER (Street) INDIANAPOLIS IN 46285 (City) (State) (Zip)			Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	on(s) to Issued 10% Owne Other (spec below)	r cify	Applicable Line) X Form filed by	/Group Filing (Check y One Reporting Person y More than One			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock		293,290,000	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Yea			3. Title and Amount of Securit Underlying Derivative Securit	ity (Instr. 4) Conve		rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	ve or Indirect				

Explanation of Responses:

ELI LILLY AND COMPANY,

/s/ Bronwen Mantlo, Vice

President, Deputy General 09/19/2018

Counsel and Corporate

<u>Secretary</u>

** 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 5 (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.