FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | ourden | | | | | | | | |

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

| OMB Number: | 3235-0287 |
|-----------------------|-----------|
| Estimated average bur | den |
| hours per response: | 0.5 |

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|--|---|---|-----------|------------|---|--|---|--------|---|------|--------------------|--|---------------------------------------|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>Harrington Michael J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | . Relationship Check all app Direct | icable) or | ng Pers | son(s) to Iss 10% O Other (s | wner |
| (Last) | ` | irst) TE CENTER | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2014 | | | | | | | | | ^ below | Officer (give title below) Senior VP and G | | below) | |
| (Street) INDIAN | APOLIS II | V | 46285 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | 1 0130 | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curit | ies Ac | quired | , Di | sposed (| of, or Be | nefici | ally Owne | d | | | |
| | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | nd Securit Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | 08/12 | 08/12/2014 | | | | М | | 1,36 | 1 A \$ | | 5.65 3 | 32,173 | | D | | |
| Common Stock | | | 08/12 | 08/12/2014 | | | | F | | 1,24 | 1,241 D \$ | | 1.08 | 30,932 | | D | | |
| Common Stock | | | 08/12 | 08/12/2014 | | | | M | | 1,36 | 1,361 A | | 3.65 | 32,293 | | D | | |
| Common Stock | | | 08/12 | 8/12/2014 | | | | F | | 1,24 | 1 D | \$61 | 1.08 | 31,052 | | D | | |
| | | 7 | | | | | | | | | | f, or Ben ible sec | | lly Owned) | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ersion Date ercise (Month/Day/Year) i of utive | | Date, | 4. Transaction Code (Instr. 8) | | n of l | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | е | 7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a | of S Ig Securit | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owi Ford Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | |
| Employee stock option 2/05 (right to buy) | \$55.65 | 08/12/2014 | | | М | | | 1,361 | 02/11/20 | 08 | 02/10/2015 | Common Stock | 1,361 | 1 \$0 | 1,361 | | D | |
| Employee stock option 2/05 (right | \$55.65 | 08/12/2014 | | | M | | | 1,361 | 02/11/20 | 08 | 02/10/2015 | Common Stock | 1,361 | 1 \$0 | 0 | | D | |

Explanation of Responses:

Remarks:

to buy)

Jamie E. Haney for Michael J.

Harrington, authorization on 08/14/2014

file

** Signature of Reporting Person

Date

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

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.

^{*} 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).