FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | | | . , | | | | | | | | | | | | | | |
|--|--|------|----------|---------|-----------------------------------|---|--|---|--|---|---------------------|--|---|---------------------------------------|---|---|--|---|--|------------|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Fyrwald J Erik</u> | | | | | | ELECT PER CO [DEI] | | | | | | | | | X | Direc | tor | | 10% C | wner | |
| (Last) (First) (Middle) LILLY CORPORATE CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2007 | | | | | | | | | | Office below | er (give title v) | | Other below) | (specify | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | | | |
| INDIANAPOLIS IN 46285 | | | | | | | | | | | | | 71 | Form filed by More than One Reporting | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | /ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or E | 3en | eficia | lly O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | r) E | A. Deem xecution any lonth/Da | Date, | 3. Transaction Code (Instr. 8) | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | 1 | Γransa | ction(s) 3 and 4) | | | (111511.4) | |
| Common Stock 12/31/. | | | | /2007 | 2007 | | A | | 162 | A | 1 | \$53.4 | | 9,225 | | Γ |) | | | | |
| | | Та | | | | | | • | | | sed of, onvertib | | | - | / Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | n Date, | | Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | i | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr Forr Dire or Ir (I) (I | nership n: ct (D) ddirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

James B. Lootens for J. Erik Fyrwald, authorization on file

01/03/2008

** 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).

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.