FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

IIILO 7	THE EXCHANGE OF	•
Machinaton	D.C. 20540	

Vashind	ıton	DC	20549

## **STATEME**

File

washington, D.C. 20549	OMB APPR	ROVAL		
NT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average bu hours per response:	rden 0.5		
d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	nodro per response.			

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

Instruction 1(b).

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Hedley Mary Lynne</u>												1	Direc	tor		10% O	wner		
(Last)	(Fii	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/21/2024										Office belov	er (give title v)		Other (s	specify
				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) INDIANAPOLIS IN 46285													Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially (	)wn	ed			
Date			2. Transact Date (Month/Day	Execut y/Year) if any		A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					Beneficially Owned Followin		ties cially I Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Ownership	
									Code	v	Amount	(A) o (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 10.			10/21/2	:024				A		11(1)	A	\$906	06.13		1,548		D		
Common Stock														98			By Trust <sup>(2)</sup>		
		Tal	ble II -								osed of, convertib				vne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execut		4. Transa Code ( 8)	5. Number of		6. Date Expirat (Month	tion Da		sable and 7. Title and Amount of		8. Prio Deriva Secur (Instr.	ative ity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. At the election of the reporting person, the shares acquired pursuant to this filing have been deferred in lieu of cash compensation as stock units under the Lilly Directors' Deferral Plan and will be settled in shares of common stock following the reporting person's separation from service.
- 2. The reporting person disclaims beneficial ownership of the reported securities except to the extent of the reporting person's pecuniary interest therein, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

## Remarks:

/s/ Jonathan Groff for Mary Lynne Hedley, pursuant to the 10/22/2024 authorization on file

\*\* 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.