FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|-------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| F-6 | le constant | | | | | | | | | |

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* TAI JACKSON P | | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|---------|--------|----------|-------------------------------|---|---|---|-----------------|------------------------|---|----------------------|--|--|---|--|--|----------------|
| <u>IAI JACKSON P</u> | | | | | | | | | L | | | | | X | Direc | ctor | 10% | Owner |
| (Last) | Last) (First) (Middle) LILLY CORPORATE CENTER | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/24/2019 | | | | | | | | er (give title w) | Othe belov | (specify /) |
| (Street) INDIANAPOLIS IN 46285 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | · / | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | Acquire f (D) (Inst | d (A) or tr. 3, 4 an | nd 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | (111501.4) |
| Common Stock 10/24/20 | | | | | 019 |)19 | | | P | | 1,861 | A | \$107 | .49(1) | 5 | 6,440 | 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) | 2. Conversion or Exercise Price of Derivative Security | | if any | on Date, | 4. Transa Code (I 8) | | | 6. Date Expirat (Month | tion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 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. This transaction was executed in multiple trades at prices ranging from \$107.45 to \$107.55. The price reported reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

Crystal T. Williams for Jackson 10/25/2019 P. Tai, authorization on file

** Signature of Reporting Person

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.