FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 20549	

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

OMB Number:	3235-0287
Estimated average b	ourden
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).

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee mstruction i	· .																	
1. Name and Address of Reporting Person* JOHNSON KIMBERLY H					2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [LLY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
JOHNS	ON KIW	IDEKLI II							-	_				1	Direc	tor		10% O	wner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 10/21/2024								Office	er (give title v)		Other (below)	specify	
LILLY CORPORATE CENTER																			
		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street)						(Line)						
l ` ′	APOLIS IN	J 4	16285											1	Form	filed by On	e Repo	orting Pers	on
II (DII II (TH OLID II		10203												Form filed by More than One Reporting				
															Perso	on			
(City)	(Sta	ate) (z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	l. Dis	posed of	or E	Benef	icially	Own	ed			
				1						, = 10							T	1	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		3. Transaction Disposed Of (D) (5)						ties cially	Form (D) or	m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership			
				(Mont		an Day roar,		0)			T 1			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
									Code	v	Amount	Amount (A) or P						се	
						024				11(1)	A CO.		06.12			_	<u> </u>		
Common	Stock			10/21/2	024				A		11 ⁽¹⁾	A	\$9	06.13	2	2,699		D	
		Tal	hle II .	Derivati	ve Se	curit	ties /	7 can	ired	Disn	osed of,	or Be	nefic	ially (Owne	d			
											convertib					-			
1. Title of	2.	3. Transaction	3A Do	amad	4.		5 Nu	mber	6 Date	Ever	ricable and	7 Titl	o and	8 5	Price of	9. Number	of /	10.	11. Nature
Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		Transa	Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	rice of yearners of the free control of the fr		y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er					

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.

Remarks:

/s/ Jonathan Groff for Kimberly H. Johnson, pursuant to authorization on

10/22/2024

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.