FORM 4

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

Washington, D.C. 20549

	OMB APP	PROVAL
Denib	OMB Number:	3235-028

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     LILLY ENDOWMENT INC						2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [ LLY ]											o of Reportir dicable) tor	ng Pei	_	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/05/2024											er (give title v)		Other ( below)	specify
2801 NORTH MERIDIAN STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) INDIANAPOLIS IN 46208-0068						Form filed by One Reporting Person  Form filed by More than One Reporting  Person														
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - I	Non-Deriva	tive	Secui	rities	Ac	quir	ed, D	Dis	posed o	f, or l	Benefici	ially	Own	ed			
Date				2. Transaction Date (Month/Day/Ye	ear)   E	2A. Deen Executio if any (Month/D		,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				1 5) Securi Benefi		icially d Following	Forr (D) (	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								(	Code	v	An	mount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(	(msu. 4)	(111041. 4)
Common Stock				07/05/202	4				S		5	50,540	D	\$915.14	<b>4</b> <sup>(1)</sup>	97,249,232			D	
Common Stock				07/05/202	24				S			1,829	D	\$916.24	7(2)	97,247,403		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security or Exercise (Month/Day/Year) if any				cution Date,		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mo	oiration	ercisable and I Date ny/Year)		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of evative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (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 Exercisa		ole	Expiration Date	Title	Amount or Number of Shares									

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$915.00 to \$915.99, inclusive. The reporting person undertakes to provide to Eli Lilly & Company, any security holder of Eli Lilly & Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$916.00 to \$916.49, inclusive.

/s/ Diane M. Stenson, Vice President & Treasurer, on behalf of Lilly Endowment

07/08/2024

Inc.

\*\* 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.