Instruction 1(b).

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

| Washington, | $D \subset$ | 20549 | |
|--------------|-------------|-------|--|
| vasilligion, | D.C. | 20349 | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
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| 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

| 1. Name and Address of Reporting Person* <u>Alvarez Ralph</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [LLY] | | | | | | | | | tionship all app Direc | , | ng Pe | rson(s) to Is | | |
|---|--|--|-----------------------------------|-----------------------------------|--|---|---|---------------------------|---|-------|---|--------------|---|---|---|---|---------------|--|--|
| (Last) | (Fir | st) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2021 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify |
| (Street) INDIAN (City) | APOLIS IN | ate) (Z | 16285 Zip) | un Doriva | | 4. If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefi | | | | | | | Line) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | |
| | | Table | I - NO | n-Deriva | tive | Secui | rities | ACC | Juirea | , Dis | posed of | , or E | senetic | cially | Own | ea | | | |
| | | Date | ate Exec Month/Day/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) d (D) | Price |) | Transaction(s) (Instr. 3 and 4) | | | | () |
| Common | mmon Stock 03/15/2 | | | 03/15/2 | 021 | | | A | | 58(1) | A | \$18 | 9.16 | 49,459 | | | 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 | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exert Expiration D (Month/Day/) | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Security (Ins 3 and 4) | | unt of rities rlying ative rity (Instr. 4) Amount or Number of | nt er | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

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:

Crystal T. Williams for Ralph Alvarez, authorization on file

03/17/2021

** 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.