FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | len | | | | | | | | |
| 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).

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* Fry Stephen F | | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | | | | ck all appli Directo | onship of Reportin Ill applicable) Director Officer (give title | | 10% O | wner | |
|---|---|--|--|---------|--|---|--------|---|--|-----------------|---------------|--|--|---------------|-----------------------------------|--|---|--|--|--|---|---|
| (Last) | ast) (First) (Middle) ILLY CORPORATE CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2017 | | | | | | | | X | below) | | Other (below) & Diversity | | specity | | | |
| (Street) INDIANAPOLIS IN 46285 (City) (State) (Zip) | | | | | - 4. It | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curiti | ies Ad | qu | ıired, | Dis | posed c | of, o | r Ber | nefic | ially | Owned | l | | | | 1 |
| Date | | | | | te onth/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | tion nstr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Ì | Code | v | Amount | | (A) or (D) | Pri | се | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 02/01/ | | | | | | | 2017 | | | M | | 7,683 | 3 | A | | \$ <mark>0</mark> | 82,552 | | | D | | ٦ |
| Common Stock 02/01/ | | | | | | | 2017 | | | F | | 3,608 | B D \$ | | 77.03 | 78,944 | | D | | | ٦ | |
| Common | | | | | | | | | | | | | 164 | | | I | 401(k) | 1 | | | | |
| | | 7 | able II - | | | | | | | | | osed of onverti | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 9 (| 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | ct al nip | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisabl | | xpiration ate | Title | | Amor or Numl of Share | ber | | | | | | |
| Restricted Stock Unit | (1) | 02/01/2017 | | | M | M | | 7,683 | | 2/01/2017 | , 0 | 2/01/2017 | | nmon | 7,68 | 33 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Eli Lilly and Company common stock.

Remarks:

Tiffany R. Benjamin for

Stephen F. Fry, authorization

02/02/2017

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.