FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | JVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* LUCIANO JUAN R | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|----------|---------|------------------------------|--|--|-----------------------------------|--|---|---------------------|---|---|--------|---|---|---|-----------------|--|--|
| <u>LOCITITO JOTILY IX</u> | | | | | | | | | | | | | | | X Dire | ector | | 10% C | wner | |
| (Last) (First) (Middle) LILLY CORPORATE CENTER | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019 | | | | | | | | | cer (give title ow) | | Other below) | (specify | |
| | | | | | 4 If | Ame | ndment | Date o | of Original | l Filer | 1 (Month/Da | v/Year | ١ | 6 | Individual | or Joint/Grour | Filing (C | heck A | nnlicable | |
| (Ctroot) | | | | | 7. " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | A DOLLO IN | r | COOF | | | | | | | | | | | | X For | Form filed by One Reporting Person | | | | |
| INDIANAPOLIS IN 46285 | | | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or l | Ben | eficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | Transaction Disposed Code (Instr. | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | 5. Amount of and 5) Securities Beneficially Owned Follow Reported | | Form: Di (D) or Inc | Ownership orm: Direct O) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Trans | saction(s) . 3 and 4) | | | (111301.4) | |
| Common Stock 02/19/2 | | | | | | | 2019 | | A | | 87 | 1 | 4 | \$122 | .13 | 8,294 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ision Date Execution Date, if any interpretation in the control of | | | 4. Transa Code (8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

<u>Crystal T. Williams for Juan</u> <u>Luciano, authorization on file</u>

02/20/2019

** 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.