FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |  |
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| STATEMENT | OF C | HANGES | IN BE | NEFICI | AL C | WNER | SHIP |
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| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |  |
| 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).

|  | tion 1(b).  | ide. Occ |                 | Filed   | pursua<br>or Se   | ant to S<br>ection 3                                     | ection<br>80(h) d                           | 16(a)<br>of the I  | of the S             | Securit<br>ent Co | ies Exchang<br>mpany Act o  | je Act o<br>of 1940   | of 1934                   |   |                                 | nours  | per response:                          | 0.5               | 1 |
|--|---|----------|-----------------|---|---|--|---|--|----------------------|-------------------|---|---|---------------------------|---|---------------------------------|--|--|-------------------|---|
| 1. Name and Address of Reporting Person* <u>LUCIANO JUAN R</u>   |   |          |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ELI LILLY & Co [ LLY ] |   |  |   |  |                      |                   | Relationship of Reporting Per (Check all applicable)     X Director                               |   |                           | • ( )                                     | erson(s) to Issuer              |  |  |                   |   |
| (Last) (First) (Middle)  LILLY CORPORATE CENTER  |   |          |                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2022     |  |   |  |                      |                   |   |   | Office<br>below           | er (give title                            | Oth<br>bel                      | er (specify<br>ow)   |  |                   |   |
| (Street) INDIAN (City)   | APOLIS IN   |          | .6285<br>Zip)   |   | 4. If <i>i</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |                      |                   |   |   | 6. Indi<br>Line)<br>X     | •   |                                 |  |  |                   |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |          |                 |   |   |  |   |  |                      |                   |   |   | ٦                         |   |                                 |  |  |                   |   |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)   |   |          | Execution Date, |   | 3.<br>Transaction Code (Instr. 8)  4. Securities Disposed Of 5) |  | es Acquired (A)<br>Of (D) (Instr. 3, 4      |  | and Securi<br>Benefi |                   | ties<br>cially<br>Following   | 6. Ownershi<br>Form: Direc<br>(D) or Indire<br>(I) (Instr. 4) | of Indirect               |   |                                 |  |  |                   |   |
|  |   |          |                 |   |   |  | Code  | v  | Amount               | (A) o<br>(D)      | r Pri   | <b>—</b>  |                           | ction(s)                                  |                                 | (111341. 4)  |  |                   |   |
| Common   | Stock   |          |                 | 09/19/2   | 2022  |  |   |  | A                    |                   | 46(1)   | A   | \$3                       | 305.09 1                                  |                                 | 4,043  | D                                      |                   |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |          |                 |   |   |  |   |  |                      |                   |   |   |                           |   |                                 |  |  |                   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any |          | tion Date,      |   | Fransaction of Code (Instr. Derivative                          |  | vative<br>rities<br>rired<br>r<br>osed<br>) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                      | ate               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Insi<br>3 and 4) |   | De<br>Se<br>(In           | Price of<br>rivative<br>curity<br>str. 5) | ative derivative ity Securities | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficia<br>Ownersh<br>ect (Instr. 4) | ect<br>ial<br>hip |   |
|  |   |          |                 |   | Code  | v  | (A)   | (D)  | Date<br>Exercis      | sable             | Expiration<br>Date  | Title   | or<br>Numb<br>of<br>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 Juan R.

Luciano, pursuant to

09/21/2022

authorization on file

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.