FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

0549

ington, D.C. 20549	OMB APPROVAL

- 11	0111271111101712											
	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* Alvarez Ralph						2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [LLY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Alvare	z Kaipii								L	,				1	Direc	tor		10% O	wner	
(Last) (First) (Middle) LILLY CORPORATE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 01/21/2025										Office below	er (give title v)		Other (below)	specify	
			4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)														ine)	_	~ II O	_	. 5		
INDIAN	APOLIS IN	J 4	16285											1		filed by On		•		
-														Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	, or E	Benefic	ially	/ Own	ed				
1 Title of 5	Security (Inst			2. Transacti		tive Securities Acquired, Disposed of, or Benefi												wnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					.	Execution Date,		Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4 in the code (Instr. 8)				str. 3, 4 a	and 5) Securiti Benefic Owned		ties cially I Following	Forn (D) c	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
			Code	v	Amount	(A) o (D)	r Price		Transa	eported ansaction(s) estr. 3 and 4)			(Instr. 4)							
Common Stock 01/21/20						025			A		15.828(1)	A	\$74	42.35 54,		1,705.324		D		
		Tal	ole II								osed of, o				Owne	d				
1. Title of Derivative Conversion or Exercise Price of Derivative Security				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code		(A)	(D)	Date	isable	Expiration Date	Title	Amount or Number of Shares									

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 Ralph

01/23/2025 Alvarez, pursuant to authorization 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.