FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Washington, D.C. 20549 | |

| | OMB APF | PROVAL |
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| | OMB Number: | 3235-0287 |
| | Estimated average | burden |
| - 1 | 1. | |

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

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* Montarce Lucas | | | | | 2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [LLY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---|---------------------------|---|--|------------------------|--------|--|--|---------------------|--|---|--|-----------------------|---|---|--|---------------------------------------|
| (Last) | , | rst) TE CENTER | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024 | | | | | | | | | Officer (give title Other (specify below) EVP & CFO | | | | | |
| (Street) INDIAN (City) | JAPOLIS IN | | 46285 (Zip) | | - 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | curit | ies Ac | quired | , Dis | sposed o | of, or Bo | eneficia | Ily Ov | vnec | ı | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | r) 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed C | | | ies Acquired (A) or Of (D) (Instr. 3, 4 a | | and 5) Securit | | es ally Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) o | Price | Tra | ansac | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 1 | | | 11/01 | /2024 | 2024 | | | M | | 1,074 | A | \$(| 11. | | ,541 | | D | | |
| Common | Stock | | | 11/01 | /2024 | | | | F | | 467.19 | 6 D | \$818 | .93 | 11,07 | 73.804 | | D | |
| | | 7 | able II - | | | | | | | | osed of converti | | | y Owr | ned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | ed 4. Transa Code (| | | 5. Number tion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock Unit | (1) | 11/01/2024 | | | M | | | 1,074 | 11/01/20 | 24 | 11/01/2024 | Common | 1,074 | \$(| 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:

/s/ Jonathan Groff for Lucas E.

Montarce, pursuant to ** Signature of Reporting Person 11/05/2024

authorization on file

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.