FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF C |
|--|---------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to S |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Mahony Susan | | | | | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | | | | heck all a | tionship of Reporting all applicable) Director | | | 10% Ow | vner |
|--|---|--|---|---------|--|---|-----------|-----------------------------------|--|--|--------------------|---|--|--|--|---|--------|--|--|
| (Last) | ` | irst) E CENTER | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2012 | | | | | | | | A be | Officer (give title below) SVP & Pres., I | | | Other (specify below) Lilly Oncology | |
| (Street) INDIANAPOLIS IN 46285 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | , | (Zip) ole I - Nor | 1-Deriv | /ativ | e Se | ecurities | s Acc | auired. | Disi | posed c | of. or Be | neficia | llv Ow | ned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ۱ | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | or 5. Amo Securit Benefic Owned | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trai | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 01/20 | 6/201 | 2 | | | A | | 1,203 | 3 A | \$39. | 44 | 4 4,479 I ⁽¹⁾ | | | | by husband |
| Common | Stock | | | 01/2 | 6/201 | 2 | | | A | | 3,077 | 7 A | \$39. | .44 | 30,620 | | | D | |
| Common | Stock | | | | | | | | | | | | | 1,427 I ⁽¹⁾ | | | | I ⁽¹⁾ | 401(k) - by husband |
| Common Stock | | | | | | | | | | | | | 1,436 | | | I | 401(k) | | |
| | | - | Table II - | | | | | | | | | , or Ben ble secu | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of E | | 6. Date Exercisa Expiration Date Month/Day/Yea | | | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | ies g Security | Deriva Securi | B. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted | (2) | 01/26/2012 | | | A | | 22,943 | | 02/01/201 | .3 0 | 2/01/2013 | Common | 22,943 | \$0.0 | 0 | 22,943 | 3 1 | D | |

Explanation of Responses:

- 1. Reporting person disclaims beneficial ownership of these shares.
- 2. Each restricted stock unit represents a contingent right to receive one share of Eli Lilly and Company common stock.

Remarks:

Bronwen Mantlo for Susan Mahony, authorization on file

01/30/2012

** 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.