FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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
$\Box$	obligations may continue. See
	Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					0.00	CHOIT	00(11) 0	i tiic i	TIVESTITE		лпрапу Аст с	71 10-10								
Name and Address of Reporting Person*     Hedley Mary Lynne					2. Issuer Name <b>and</b> Ticker or Trading Symbol ELI LILLY & Co [ LLY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hediey Mary Lynne														X	Direc	ctor 10%		10% O	wner	
(Last)	(Fi	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023										Office belov	er (give title v)		Other ( below)	specify	
LILLY CORPORATE CENTER					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					
(Street) INDIANAPOLIS IN 46285														Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	on-Deriva	tive S	ecu	rities	Acc	quired,	Dis	posed of	, or E	Benefic	ially	<b>O</b> wr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month//Day/			Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securi Benefi Owned Follow		ities Fo icially (D) d Ind ving (In		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) o (D)	r Price			orted saction(s) r. 3 and 4)					
Common Stock 05/15/20					)23				A		23(1)	A	\$434	4.51	953			D		
Common Stock														98				By Trust <sup>(2)</sup>		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any				4. Transaction Code (Instr. 8)			rative rities nired r osed ) r. 3, 4	6. Date Expirati (Month/	ion D			nt of ities lying ative ity	8. Price Derivati Security (Instr. 5				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Amou or Numb of Title Share		1						

## **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.
- 2. The reporting person disclaims beneficial ownership of the reported securities except to the extent of the reporting person's pecuniary interest therein, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

## Remarks:

/s/ Jonathan Groff for Mary
Lynne Hedley, pursuant to the 05/16/2023 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.