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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 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

| 1. Name and Add Weems Alc | | 2. Issuer Name and Ticker or Trading Symbol <u>ELI LILLY & Co</u> [LLY] | | | | | | | | neck all appli Directe | cable) or | 10% Owner | | ner | | | | |
|--|---------------------------------------|---|--|--|---|---|-------------------|-----|--|---------------------------|--|---|--|---|---|---------------|---|---|
| (Last) (First) (Middle) LILLY CORPORATE CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2024 | | | | | | | | X Officer (give title Other (specif below) below) EVP, ERM & CECO | | | | |
| (Street) INDIANAPOLIS IN 46285 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | , , , , , , , , , , , , , , , , , , , | 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 - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | tion 2A. Deemed Execution Date | | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | d (A) or | 5) 5. Amou Securiti Benefic Owned | unt of es ially Following | Form (D) o | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| Common Stock 02/12/2 | | | | | | /2024 | | | Code | v | Amount 951 | (A) or (D) | Price \$737.2 | Reporte Transac (Instr. 3 | tion(s) | | D | nstr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Image: Control of the securities of the s | | | | | | | | | | | | | | | | | | |
| Security or Ex (Instr. 3) Price | version xercise e of ivative | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | 5. Number n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | • | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Unit | (1) | 02/12/2024 | | | Α | | 980 | | 02/01/20 | 25 | 02/01/2025 | Common Stock | 980 | \$0 | 980 | | 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 Alonzo

 Weems, pursuant to
 02/14/2024

 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.