FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|----------------|------|-------|
| vvasiliigtoii, | D.C. | 20070 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 Transactions Reported. 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 Rice De | 2. Issuer N LILLY | 2. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | | | |
| (Last) | (Fir | st) (I E CENTER | Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | | Х | X Office (give title Office (spe below) below) EVP-Global Services and CFO | | | | |
| (Street) INDIANA (City) | 4. If Amen | 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 | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5) | | | | ed 5. Amount of Securities Beneficially Owned at end | | es ally | 6. Ownership Form: Direct (D) or | n: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Amour | nt | (A) or (D) | Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) |
| Common Stock 03/03/2009 | | | G | | 21 | ,305 | D | \$0.00 | \$0.00 | | 0 | | D | | | | |
| Common | Stock | | 03/03/2009 | | | G | ì | 21 | ,305 | A | \$0.00 | 50.00 54,130 I ⁽¹⁾ | | | | by wife | |
| Common | Stock | | | | | | | | | | | 4,785 I 40 | | | | 401(k) | |
| Common | Stock | | | | | | | | | | | 1 1/15/1 1 1 1 | | | | 401(k) - by wife | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Disp of (D (Instrand ! | vative (Monti urities uired or coosed b)) tr. 3, 4 5) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De | 8. Price of Derivative Security (Instr. 5) Security (Instr. 5) Owned Followin Reporter Transact (Instr. 4) | | i lly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |

Explanation of Responses:

1. Reporting person disclaims beneficial ownership of these shares.

Remarks:

Derica W. Rice

02/03/2010

** 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.