Instruction 1(b).

FORM 4

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**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
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

1. Name and Address of Reporting Person* <u>LILLY ENDOWMENT INC</u>					2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [ LLY ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner						
(Last)	(Fir	st) (N	Middle)	)	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024								Office	er (give title v)		Other (s	specify		
2801 NORTH MERIDIAN STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													X Form filed by One Reporting Person						
INDIANAPOLIS IN 46208-0068						Form filed by More than One Reporti Person									orting				
(City)	(Sta	ate) (Ž	Zip)		Rul	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	Secui	rities	Acc	quire	ed, Dis	sposed o	f, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution if any		on Date, T		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Sec Ben Owr		curities For neficially (D ned Following In		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V A	Amount	(A) or (D)	Price	Tran		ported ansaction(s) str. 3 and 4)		u. 4)	(IIISU. 4)
Common Stock 05/			05/24/202	24				S		92,563	D	\$809.21	1(1)	98,556,247			D		
		Tal	ole II	- Derivati (e.g., pu							osed of, convertil				)wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, th/Day/Year)	4. Transa Code ( 8)		of I			Expiration Date (Month/Day/Year) Se Un De Se			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of evative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	or Numi Date Expiration of						Number							

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$809.00 to \$809.90, inclusive. The reporting person undertakes to provide to Eli Lilly & Company, any security holder of Eli Lilly & Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

/s/ Peter A. Buck, Vice President for Investments and Grants Administration, on 05/28/2024 behalf of Lilly Endowment Inc.

\*\* Signature of Reporting Person

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.