FORM 4

UNITED STATES SECU

Washington, D.C. 20549

| KH | IES | AND | EXC | HANG | E CO | MIMIS | SION | ļ |
|----|-----|-----|-----|------|------|-------|------|---|
| | | | | | | | | |

| 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | | |
|--|--|------------|-----------|------------------------------|---|--|--------|--|-----------------------|--|-----------------------------|---|--|--|---|--|--|---------|--|
| Name and Address of Reporting Person* Alwarez Polich | | | | | | 2. Issuer Name and Ticker or Trading Symbol ELI LILLY & Co [LLY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) | | | | ssuer | |
| Alvarez Ralph | | | | | | | | | | | | | V | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) LILLY CORPORATE CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024 | | | | | | | | | Office below | er (give title v) | | Other (sbelow) | specify | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | Line) | | | | | | | | <u>, </u> | | | | | |
| INDIAN | APOLIS IN | J 4 | 16285 | | | | | | | | | | | | Form filed by One Reporting Person | | | | |
| | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | 3ene | ficial | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | uired (A Instr. 3, | A) or , 4 and | Securit Benefic Owned | rities F eficially (ed Following (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) (D) | or F | Price | | ed iction(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 12/16/2 | | | | | | | | | A | | 15.083(1) |) 1 | A | \$779 | 54,6 | 89.496 | | D | |
| 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Str. | Price of erivative ecurity nstr. 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 | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | . | | | | | |

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.

Remarks:

/s/ Jonathan Groff for Ralph Alvarez, pursuant to

authorization on file

12/17/2024

** 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.