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

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	: 0.5						

nd Address o										npany Act o	1 1340						
Name and Address of Reporting Person* Green Paula			2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]								Check all ap	plicable) ctor	orting Person(s) to Is 10% O		wner		
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020								below) below) VP of Human Resources					
SCO				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table	I - No	n-Deriva	tive S	Secur	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Ow	ned			
Date				Execution Date, if any		Oate,	Transaction Disposed C Code (Instr. 5)				nd Secu Bene Owne	rities ficially ed Following	Forn (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) ((D)	Price	Trans	action(s)			, ,	
Common Stock 05/20/2				2020		F		253(1)	D	\$39	.76 2	,615 ⁽²⁾		D			
	Tal	ble II -												ed			
2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 33. Deemed Execution Date, if any (Month/Day/Year)					ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Ins 3 and 4)			derivative Securities Beneficial Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	(Fi IST BIOSO EWAY BL SAN SCO (Si Security (Instance) Stock	(First) (Note that the content of th	(First) (Middle) IST BIOSCIENCE CORPORATION EWAY BLVD. SAN CA 94080 (State) (Zip) Table I - No Security (Instr. 3) Stock Table II - Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year)	(First) (Middle) IST BIOSCIENCE CORPORATION EWAY BLVD. SAN SCO CA 94080 (State) (Zip) Table I - Non-Deriva Security (Instr. 3) 2. Transaction Date (Month/Daylyear) Conversion or Exercise Price of Derivative (Month/Daylyear) (Middle) (Zip) Table II - Non-Deriva (Annual Corporation (Page 1) (Month/Daylyear)	(First) (Middle) IST BIOSCIENCE CORPORATION EWAY BLVD. Table I - Non-Derivative Security (Instr. 3) Security (Instr. 3) Table II - Derivative Security (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Table II - Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Date (Month/Day/Year) Security (Month/Day/Year) 3. 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Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligation in connection with the vesting of certain Restricted Stock Units ("RSUs") previously granted to the Reporting Person. Such withholding is exempt from Section 16(b) pursuant to Rule 16b-3(e).

2. Includes shares that were acquired under the Issuer's Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).

Remarks:

/s/ William Solis, as Attorneyin-Fact for Paula Green

05/22/2020

** 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.