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**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person* Finn Patrick John				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Twist Bioscience Corp [ TWST ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
1 IIII 1 derick John																			
(14)	/F:		A: -1 -11 - V			. Date of Earliest Transaction (Month/Day/Year)							X		Officer (give title below)		Other (s	specily	
(Last)	•	,	Middle)		04/02/2024											President	and	COO	
C/O TWIST BIOSCIENCE CORPORATION										-									
681 GATEWAY BLVD.				4. If Amendment, Date of Original Filed (Month/Day/Year)							<ul> <li>Individual or Joint/Group Filing (Check Applicable ine)</li> </ul>					·			
(Chroat)														X	Form	filed by One	e Rep	orting Pers	on
(Street) SOUTH	· C	<b>A</b> 9	4080	4080											Form filed by More than One Reporting Person				orting
FRANCI	ISCO					Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		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	n-Deriva	tive S	Secui	rities A	cqu	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			Execution Dat		ition Date	·,	3. Transaction Code (Instr. r) 8)						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							•	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 04/02/2				2024			S		492(1)	D	\$32.	736	178	178,380(2)		D			
		Tal	ole II ·								osed of, c				Owne	d			
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)		5. Numb of Derivativ Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)	ve es ed	6. Date Expirat (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													Amount or Number						

1. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of Restricted Stock Units. These sales are mandated by the Issuer's election under its equity incentive plans to require the satisfaction of a tax withholding obligation to be funded by a "sell to cover" transaction and do not represent discretionary trades by the

Date

Exercisable

Expiration Date

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/ Alyssa Zhang, as Attorney-04/04/2024 in-Fact for Patrick John Finn

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.