## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasiiiigton,	D.C. 2054

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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).

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*  THORBURN JAMES M					2. Issuer Name and Ticker or Trading Symbol  Twist Bioscience Corp [ TWST ]								Check	all applic Directo			ner		
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 455 MISSION BAY BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 10/24/2019									X Officer (give title Officer Specify below)  Chief Financial Officer					
(Street) SAN FRANCI			94158		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						i. Indiv ine) X	Form fi	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)																
		Tab	le I - Non	-Deriv	/ative	e Se	curities	S Ac	quired, D	Disp	osed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				ction 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	Transaction Disposed Of (D) (Instr. 3, 4				4 and Securitie Benefici		es For ally (D) Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		е	Transact	nsaction(s) str. 3 and 4)			1150. 4)
Common Stock 10/24			4/201	9			A		8,340	(1) A	\$0.00		49,905 <sup>(2)</sup>			D			
		7	Table II - I						uired, Di						wned				
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/Yea	ate,	Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Yea			and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er					
Employee Stock Option (right to buy)	\$23.33	10/24/2019			A		35,740		(3)	1	0/23/2029	Common Stock	35,74	10	\$0.00	35,740	)	D	

## Explanation of Responses:

- 1. Represents a restricted stock unit award (the "RSU Award") that vests in installments, with 25% of the shares subject to the RSU Award vesting on October 24, 2020 and 1/16th of the shares subject to the RSU Award vesting on each quarterly anniversary thereafter, subject to the Reporting Person's continuous service through each vesting 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).
- 3. 25% of the shares subject to the option vest and become exercisable on October 24, 2020 and 1/48th of the shares subject to the option vest and become exercisable on each monthly anniversary thereafter, subject to the Reporting Person's continuing service through each vesting date.

## Remarks:

/s/ William Solis, as Attorneyin-Fact for James M. Thorburn

11/05/2019

\*\* 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.