FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

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Name and Address of Reporting Person*     Daniels Mark						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Twist Bioscience Corp [ TWST ]								heck all appli Direct	ationship of Reportin k all applicable) Director Officer (give title		on(s) to Iss 10% Ov Other (s	ner
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2020								X Officer (give title Officer (spee below) See Remarks				
(Street) SOUTH FRANCI	( )	A	94080		4. 1	If Am	endme	nt, Date	of Origina	riginal Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(S	state)	(Zip)															
			ole I - No						<del>-</del>	, Dis	1			lly Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr		n Disposed	ties Acquir d Of (D) (In:		d Securiti Benefic Owned	Amount of ecurities eneficially wned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	r Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock			08/13/2020		20			М		14,50	2 A	\$5.9	05 68	68,220		D		
Common Stock			08/13/2020		20			S		7,500	) D	\$6	5 60	60,720		D		
Common Stock				08/13	08/13/2020				S		7,002	2 D	\$64.	03 53	53,718		D	
Common Stock 08.				08/14	4/2020				M		9,006	5 A	\$5.9	05 62	62,724		D	
Common Stock 08/14				/2020			S		7,500	) D	\$6	5 55	55,224		D			
Common Stock 08/1				08/14	4/202	/2020			S		1,506	5 D	\$6	7 53	53,718		D	
			Table II -								osed of			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion Date Or Exercise (Month/Day/Year Perivative Security		3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$5.95	08/13/2020			M			14,502	(1)		08/29/2026	Common Stock	14,502	\$0	40,87	8	D	
Employee Stock Option (right to	\$5.95	08/14/2020			М			9,006	(1)		08/29/2026	Common Stock	9,006	\$0	31,87	2	D	

## **Explanation of Responses:**

1. The option is immediately exercisable. 25% of the shares subject to the option vested on August 8, 2017 and 1/48th of the shares subject to the option vest on each monthly anniversary thereafter, subject to the Reporting Person's continuous service through each vesting date

## Remarks:

Senior Vice President, Chief Legal Officer, Chief Ethics and Compliance Officer, and Secretary

/s/ William Solis, as Attorney-08/17/2020 in-Fact for Mark Daniels

\*\* 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.