FORM 4

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

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OMB AP	PROVAL
OMB Number:	3235-0287

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028	
	Estimated average burden		
F"	hours per response:	0.	

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Finn Patrick John					2. Issuer Name and Ticker or Trading Symbol  Twist Bioscience Corp [ TWST ]									Check	all app Direc	nship of Reporting P applicable) birector		10% O	wner	
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025									Officer (give title Other (specify below)  President and COO							
(Street) SOUTH SAN FRANCISCO  (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								3. Indiv Line) ✓	,					
		Table	I - No	on-Deriva	tive	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					/Year) Execut		cution Date, y		3. 4. Securities Disposed Of Code (Instr. 8)					nd 5) Securities Beneficially Owned Fol		ties cially I Following	6. Own Form: (D) or I (I) (Inst	Direct ndirect tr. 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			01/03/20	)25			S		229(1)	D	\$45.5	5911	27	274,466		)			
		Tal	ble II								osed of, convertib				)wne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of utive		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		mber rative rities ired r osed ) : 3, 4	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
									Date Exercisab		Expiration Date Tit		Amount or Number of							

## **Explanation of Responses:**

## Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Patrick John Finn

01/07/2025

\*\* 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.

<sup>1.</sup> 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 Reporting Person