FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C. 2	0549		

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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 10b5-1(x). See Instruction 1

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Si	ee Instruction	10.																		
1. Name and Address of Reporting Person* WERNER ROBERT F.				2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
WERNER ROBERT F.						I- []									Director Officer (give title			10% Ov Other (s		
4.0					<u> </u>									1	belov			below)	specify	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024									Chief Accounting Officer							
C/O TWIST BIOSCIENCE CORPORATION			11/00/2024																	
681 GATEWAY BLVD																				
-					4. If Amendment, Date of Original Filed (Month/Day/Year))	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						, sale of original race (monarized), rour)									Line)					
SOUTH	\sim	A 9	4080											1		filed by On		•		
FRANCI	SCO														Form filed by More than One Reporting Person					
,															. 0.0					
(City)	(S	tate) (2	Zip)																	
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benefi	cially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti				ion 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4									7. Nature of Indirect				
(Month/Day						Code (Instr. 5)		. (=) (Benefi Owned		cially I Following	(D) o	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership					
							Code	v	Amount	(A) or (D) Price		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 11/06/20					024				S		1,448(1)	D	\$44	.605	4	5,620		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, e	convertib	le se	curitie	s)						
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any			if any	tion Date, Transacti		Instr. Derivative Securities Acquired		Expiration Date Amou (Month/Day/Year) Securi Under Deriva			int of rities rlying	Dei Sed (Ins	Price of rivative curity str. 5)	vative derivative rity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
	Gecuniy					(A) or Disposed of (D) (Instr. 3, 4 and 5)					3 and			Reporte Transac (Instr. 4)			(i) (iiisu. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares	r						

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 Performance Stock Units ("PSUs") previously granted to the Reporting Person. Such withholding is exempt from Section 16(b) pursuant to Rule 16b-3(e).

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Robert F. Werner

11/08/2024

** 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.