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

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | nuc. Sec | | Filed | | | | | | | es Exchang npany Act o | | f 1934 | | nours | s per re | esponse: | 0.5 |
|--|---|--|--|--|---|--------------|---|------------------------|--|--------------------------------------|---------------------------|--|--|---|--|--|--|---|
| 1. Name and Address of Reporting Person* JOHANNESSEN JAN | | | | 2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST] | | | | | | | | Check all appoints X Direct | ationship of Reporting k all applicable) Director Officer (give title below) | | ng Person(s) to Issue | | | |
| (Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2022 | | | | | | | | | | | | Other (s | specify | |
| (Street) SOUTH FRANCI (City) | SCO | | 4080 Zip) | | 4. If <i>A</i> | mend | ment, | Date o | f Origina | l Filed | i (Month/Da | y/Year) | | | n filed by On n filed by Mo | e Rep | oorting Pers | on |
| | | | I - No | | | _ | | | _ | Dis | 1 | - | | ially Own | | | | 7. Nature |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Da | | tion Date, T | | | | es Acquired (A) Of (D) (Instr. 3, | | and Securi Benefi | ities For icially (D) d Following (I) (I | | n: Direct or Indirect nstr. 4) | of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount (A) (D) | | or Price | Transa | | | | (115411 4) | | |
| Common | ommon Stock 02/08, | | | /2022 | | A | | 3,491 ⁽¹⁾ A | | \$ | 0 5 | 5,136 | | D | | | | |
| | | Tal | | | | | | | | | osed of, o | | | lly 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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | te | 7. Title Amou Secur Under Deriva Secur 3 and | int of ities rlying ative ity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. 100% of the Shares subject to the Annual Equity Award will vest upon the earlier of (i) the one-year anniversary of the date of grant and (ii) the date of the first annual meeting of stockholders following the date of grant, provided that the Non-Employee Director is a Service Provider on each vesting date.

Remarks:

/s/ William Solis, as Attorneyin-Fact for Jan Johannessen

02/10/2022

** 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.