Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	, D.C. 20549

ngton, D.C. 20549	OMB APPROVAL				
ES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-			

STATEMENT OF (CHANGES IN	BENEFICIAL	OWNE

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

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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Laponis Adam				2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]								5. Relationship of Reporting Pe (Check all applicable) Director				rson(s) to Is			
	<u> </u>											1	Office	er (give title		Other (s			
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 10/09/2024								below) below) Chief Financial Officer							
681 GAT	EWAY BL	VD																	
(Street)	C_{i}	A 9	4080		4. If A	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		ine)		r Joint/Grou	•		··
FRANCI	ISCO														Form Perso	filed by Mo on	re tha	n One Repo	orting
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 10/09/2			2024			S		856(1)	856 ⁽¹⁾ D \$.812	2 73,397(2)			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V (A		(A)	(D)	Date Expiration Exercisable Date		Title	Amount or Number of Shares							

Explanation of Responses:

- 1. 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
- 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(e)

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Adam Laponis

10/11/2024

** 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.