FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549

ngton, D.C. 20549	OMB

Check this box if no longer subject to	0
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

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

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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* WERNER ROBERT F.			2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]						(Chec	k all app Direc		ng Per	rson(s) to Is 10% Ov Other (s	vner					
(Last) (First) (Middle)				3 Da	2. Date of Carlingt Transporting (Markh/Day/Year)						7	belov	v) ``		below)	pechy			
C/O TWIST BIOSCIENCE CORPORATION			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2024						Cl	nief Accou	ınting	g Officer							
681 GAT	EWAY BL	VD																	
(Street) SOUTH SAN				4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person										
FRANCI	SCO CA	A 9	4080												Form Perso	filed by Mo	re tha	n One Repo	orting
(City)	(St	ate) (Ž	<u>Z</u> ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		,	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5)				Securities Fe Beneficially (I		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	r Pri	се	Transa	iction(s) 3 and 4)			(111501.4)
Common Stock 08/23/20				2024				s 813 ⁽¹⁾ D \$		\$4	3.142	.142 38,964			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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d	Expiration Date (Month/Day/Year) Secur Under Deriv:			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Price of rivative curity str. 5)	tive derivative ty Securities	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)				
													Amou or Numb						

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 Reporting Person.

(A) (D) Exercisable

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Robert F. Werner ** Signature of Reporting Person

Title Shares

08/27/2024

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).

Code V

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.