SEC Form 4	
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(Street)

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person [*] Laponis Adam		2. Issuer Name and Ticker or Trading Symbol <u>Twist Bioscience Corp</u> [TWST]	5. Relationship of R (Check all applicabl Director	le) 10)% Owner
(Last) (First) (Mic C/O TWIST BIOSCIENCE CORPOR	ddle) ATION	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024	X Officer (giv below) Chief	ther (specify elow) cer	
681 GATEWAY BLVD		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Join Line) X Form filed		

Form filed by More than One Reporting Person

50	UIH	SAN
FR/	ANC	ISCO

CA

(State)

Rule 10b5-1(c) Transaction Indication

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					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) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/08/2024		A		50,000 ⁽¹⁾	A	\$ <mark>0</mark>	50,000	D	
Common Stock	01/08/2024		A		25,000 ⁽²⁾	A	\$ <mark>0</mark>	75,000	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Expiration Date (Month/Day/Year) Securities Acquired (Month/Day/Year) Disposed of (D) (Instr. 3, 4 and 5) (A) (D) Date Exercisable Expiration Date		of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v					Title	Amount or Number of Shares					

Explanation of Responses:

1. 1/4th of the Total Number of Shares subject to the RSUs shall vest on the 1-year anniversary of the Vesting Commencement Date, and 1/16th of the total number of shares subject to the RSUs shall vest on each quarter anniversary (or on the last day of the on the month if no such day exists) thereafter, for a total vesting period of 48 months.

2. Represents a restricted stock unit award ("RSU") of which 1/16th of the total number of RSUs vest on each quarterly anniversary of January 8, 2024 for a total vesting period of 48 months, subject to the Reporting Person's continuous service through each vesting date

Remarks:

/s/ Alyssa Zhang, as Attorney-01/10/2024

in-Fact for Adam Laponis

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

94080

(Zip)

 * 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.