FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APF | OMB APPROVAL | | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per respons | e· 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| Name and Address of Reporting Person* Cho Dennis | | | | 2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST] | | | | | | | | (Che | eck all app Direc | licable) | | | Issuer Owner (specify | | |
|---|--|--|-----------------------------|--|--|---------------------------|--|-----|--------------------------------------|---|--------------------|------------------------------|--|---|-----------------------------------|--|--|--|--|
| (Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | | | | | | | | | | below | See R | lemar | below)`ks | | |
| (Street) SOUTH FRANCI | SCO CA | | 4080 (ip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line |) K Form Form | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | tion 2A. Deemed Execution Date, | | d Date, | 3. 4. Securities Disposed Of Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, | | A) or | 5. Amo Securit Benefic | unt of ies cially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | saction(s) r. 3 and 4) | | | (111501. 4) | | |
| Common Stock 09/30/2 | | | | | 2022 | | | F | | 118(1) | 1) D \$ | | \$35.24 | 9,173 | | | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | Expiration Day/\(\) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 5 | s. Price of Derivative Security Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amo or Num of Shai | nber | | | | | |

1. Represents shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligation in connection with the vesting of certain Restricted Stock Units ("RSUs") previously granted to the Reporting Person. Such withholding is exempt from Section 16(b) pursuant to Rule 16b-3(e).

Remarks:

Senior Vice President, General Counsel, and Chief Ethics and Compliance Officer

/s/ Alyssa Zhang, as Attorney-10/04/2022 in-Fact for Dennis Cho

** 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.