FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to
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

l	OMB APPROVAL									
	OMB Number: 3235-028									
l	Estimated average burden									
ı	hours per response:	0.5								

1. Name and Address of Reporting Person*  Green Paula  (Last) (First) (Middle)  C/O TWIST BIOSCIENCE CORPORATION  681 GATEWAY BLVD.				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Twist Bioscience Corp [ TWST ]									Check al	ll appl Direct	tor	g Persor	10% O	wner	
					3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024									Officer (give title Other (specify below)  SVP of Human Resources					
(Street) SOUTH FRANCI (City)	SCO CA		4080 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)  Form filed by One Reporting Person  Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially C	)wne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADS) Disposed Of (D) (Instr. 3) 5)				4 and Sec Be Ow		ount of ties cially I Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Ti	eporte ransa nstr. 3	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 12/20/20				2024			S		282(1)	D	\$44.	.903 13		33,433 D					
		Tal	ole II -								osed of, convertib				vnec	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 Exerc Expiration Da (Month/Day/V		ate	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying itive ity (Instr.				Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
					Code	V (A) (D)		Date Exercisable		Expiration 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 Reporting Person

## Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Paula Green \*\* Signature of Reporting Person

12/26/2024

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).

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.