FORM 4

TIES AND EYCHANGE COMMISSION **UNITED STATES SECUF**

Washington, D.C

KII	I IE2	AND	EXCHANGE	COMMISSIO

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

- 1		
	OMB Number:	3235-0287
	Estimated average	burden
	hours per response	0.5

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

	ee Instruction 1																		
Name and Address of Reporting Person* Green Paula				2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]											ip of Reporting Perso plicable) ector		()	n(s) to Issuer 10% Owner	
															Officer (give title below)			Other (s below)	specify
(Last) (First) (Middle) C/O TWIST BIOSCIENCE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024								SVP of Human Resources						
681 GAT	EWAY BL	VD.																	
(Street) SOUTH SAN FRANCISCO CA 94080					4. If Amendment, Date of Original Filed (Month/Day/Year) 11/08/2024								6. Indi Line)	<u>,</u>				on	
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date		ate,	Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		and Secur Benef Owne		cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	r Price	9	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			11/06/2	2024				S		5,519(1)	D	\$44	.605	115,494			D	
		Tal	ole II								osed of, convertib				Owne	d		,	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any		tion Date,	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/Y		ate	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr	Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or Indi (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					

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 Performance Stock Units ("PSUs"). 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:

The transactions and holdings reported on this amended filing were previously reported on the Form 4 filed by the reporting person on November 8, 2024 and have been included in this amendment for reference only. This amended filing is being made solely to amend footnote 1.

/s/ Dennis Cho, as Attorneyin-Fact for Paula Green

11/15/2024

** 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.