The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

					OMB APPROVAL
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D			OMB 3235- Number: 0076		
	Notice of Exemp	t Offering of Secu	rities		Estimated average burden hours per 4 00
					response: 4.00
1. Issuer's Identity					
CIK (Filer ID Number)	Previous Names	X None		]	Entity Type
0001581280				X Corporation	
Name of Issuer				Limited Par	
Twist Bioscience Corp					bility Company
Jurisdiction of				General Par	tnership
Incorporation/Organization				Business Tr	ust
DELAWARE	anization			Other (Spec	ify)
Year of Incorporation/Org	zailizauvii				
Over Five Years Ago	$V_{0.2T}$ $(2012)$				
X Within Last Five Years (Specify Y Yet to Be Formed	edf) 2013				
Tet to be Formed					
2. Principal Place of Business and Co	ntact Information				
Name of Issuer	r				
Twist Bioscience Corp					
Street Address	1		Street A	Address 2	
455 MISSION BAY BLVD. SOUTH					
	/Province/Country		talCode	Phone Numb	per of Issuer
SAN FRANCISCO CALIF	ORNIA	94158		408-410-0105	
3. Related Persons					
Last Name	Fir	st Name		Middle Nan	ne
Leproust	Emily		Marine		
Street Address 1	Street	Address 2			
455 Mission Bay Boulevard South	Suite 545				
City	State/Pro	vince/Country		ZIP/PostalCo	ode
San Francisco	CALIFORNIA		94158		
<b>Relationship:</b> X Executive Officer X	K Director Promo	ter			
Clarification of Response (if Necessa	ry):				
Last Name	Fir	st Name		Middle Nan	ne
Banyai	William				
Street Address 1	Street	Address 2			
455 Mission Bay Boulevard South	Suite 545				
City		vince/Country		ZIP/PostalCo	ode
San Francisco	CALIFORNIA		94158		
<b>Relationship:</b> X Executive Officer X	K Director Promo	ter			

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Peck	Bill	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South <b>City</b>	Suite 545 State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> X Executive Officer		
-		
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Crandell	Keith	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South	Suite 545	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> Executive Officer <i>S</i>	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Conley	Paul	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South	Suite 545	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> Executive Officer <i>X</i>	K Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Craves	Fred	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South	Suite 545	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> Executive Officer <i>X</i>	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Chess	Rob	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South		
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> Executive Officer <i>X</i>	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Ragusa	Bob	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South	Suite 545	
<b>City</b> San Francisco	State/Province/Country	ZIP/PostalCode
	CALIFORNIA	94158

## Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Glaize	Solange	
Street Address 1	Street Address 2	
455 Mission Bay Boulevard South	Suite 545	
City	State/Province/Country	<b>ZIP/PostalCode</b>
San Francisco	CALIFORNIA	94158
<b>Relationship:</b> X Executive Officer	Director Promoter	

Clarification of Response (if Necessary):

## 4. Industry Group

5.

Agriculture		Health Care	Retailing
Banking & Financi		X Biotechnology	Restaurants
Commercial Ban	king	Health Insurance	Technology
Insurance Investing		Hospitals & Physicians	Computers
Investing Investment Bank	ing	Pharmaceuticals	Telecommunications
Pooled Investme	0	Other Health Care	Other Technology
Is the issuer regis an investment co the Investment C	mpany under	Manufacturing Real Estate	Travel Airlines & Airports
Act of 1940?	<b>F</b> 5	Commercial	Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking &	Financial Services	<b>REITS &amp; Finance</b>	Other Travel
Business Services		Residential	Other
Energy		Other Real Estate	
Coal Mining			
Electric Utilities			
Energy Conserva	ition		
Environmental S	ervices		
Oil & Gas			
Other Energy			
. Issuer Size			
Revenue Range	e OR	A	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asse	et Value
\$1 - \$1,000,000		\$1 - \$5,000,000	

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

 \$25,000,001 \$50,000,001 

 \$100,000,000
 \$50,000,001 

 Over \$100,000,000
 Over \$100,000,000

 X Decline to Disclose
 Decline to Disclose

 Not Applicable
 Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

\$1,000,001 - \$5,000,000

\$5,000,001 -

\$25,000,000 \$25,000,001 -

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(	c)(1) Section 3(c)(	9)	
Rule 504 (b)(1)(ii)	Section 3(			
Rule 504 (b)(1)(iii)	Section 3(			
Rule 505	Section 3(			
X Rule 506(b) Rule 506(c)				
Securities Act Section 4(a)(5)	Section 3(		-	
	Section 3(		14)	
	Section 3(c	)(7)		
7. Type of Filing				
New Notice Date of First Sale 2017-03-09 X Amendment	First Sale Yet t	o Occur		
8. Duration of Offering				
Does the Issuer intend this offering to last more the	nan one year?	Yes X No		
9. Type(s) of Securities Offered (select all that app	oly)			
X Equity		Pooled Investment Fund	l Interests	
Debt		Tenant-in-Common Sec		
Option, Warrant or Other Right to Acquire And Security to be Acquired Upon Exercise of Opti	5	Mineral Property Securi	ties	
Other Right to Acquire Security		Other (describe)		
10. Business Combination Transaction				
Is this offering being made in connection with a b a merger, acquisition or exchange offer?	usiness combin	nation transaction, such as	Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside	investor \$0 US	D		
12. Sales Compensation				
Recipient	R	Contract CDD Number V N		
		lecipient CRD Number X N	one	
(Associated) Broker or Dealer X None		- Associated) Broker or Deale		
(Associated) Broker or Dealer X None Street Address 1		-	r CRD X None	
	Ň	Associated) Broker or Deale Jumber	r CRD X None	ZIP/Postal Code
Street Address 1	Ň	Associated) Broker or Deale Jumber Street Adda	r CRD X None	
<b>Street Address 1</b> City State(s) of Solicitation (select all that apply) Check "All Statesâ€[] or check individual	N St All	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	
Street Address 1 City State(s) of Solicitation (select all that apply) Check "All Statesâ€[] or check individual States	N All States	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	
Street Address 1         City         State(s) of Solicitation (select all that apply)         Check "All Statesâ€[] or check individual         States         13. Offering and Sales Amounts         Total Offering Amount       \$50,000,000 USD or         Total Amount Sold       \$49,310,751 USD	N All States	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	
Street Address 1         City         State(s) of Solicitation (select all that apply)         Check "All Statesâ€□ or check individual         States         13. Offering and Sales Amounts         Total Offering Amount       \$50,000,000 USD or	All States Indefinite	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	
Street Address 1         City         State(s) of Solicitation (select all that apply)         Check "All Statesâ€[] or check individual         States         13. Offering and Sales Amounts         Total Offering Amount       \$50,000,000 USD or         Total Amount Sold       \$49,310,751 USD	All States Indefinite	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	
Street Address 1         City         State(s) of Solicitation (select all that apply)         Check "All Statesâ€] or check individual         States         13. Offering and Sales Amounts         Total Offering Amount       \$50,000,000 USD       or         Total Amount Sold       \$49,310,751 USD       or         Total Remaining to be Sold       \$689,249 USD       or	All States Indefinite	Associated) Broker or Deale Jumber <b>Street Add</b> ate/Province/Country	r CRD X None	

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited

investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Twist Bioscience Corp	/s/ Emily Marine Leproust	Emily Marine Leproust	President	2017-05-18

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this

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undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.