FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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 defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1(c). S	ee Instruction	10.																	
Name and Address of Reporting Person* Finn Patrick John					2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
														1	Office	er (give title		Other (s	
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							below) below) President and COO					
C/O TWIST BIOSCIENCE CORPORATION				11/06/2024									Trestaem	und					
681 GATEWAY BLVD.																			
(Street)	(Street) SOUTH SAN					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
FRANCI	· C	A 9	4080											٧		filed by Mo		•	
(City)	(S	tate) (Ž	Zip)																
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			red (A) or str. 3, 4 a	Fand Securitie Benefici Owned F		ties cially I Following	Form (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o (D)	r Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/06			11/06/2	.024			S		6,239(1)	D	\$44	4.605 23		231,401		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8) S. Numbe of Derivativ Securitie Acquired (A) or Disposec of (D) (Instr. 3, and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

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

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Patrick John Finn

11/08/2024

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** 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.