FORM 4

UNITED STATES SEC

Washington, D.C. 20549

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11401g(01), 210. 200 10	∥ OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

OMB Number:	3235-0287
Estimated average b	urden
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

	e conditions of ee Instruction 1																		
1. Name and Address of Reporting Person* WERNER ROBERT F.					2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]								all app	licable)	ng Pe	rson(s) to Is			
WERNER ROBERT F.					<u> </u>								Direc			10% Ov			
4 0	/F :									1	below	er (give title v)		Other (s below)	specify				
(Last)	`	rst) (M CIENCE CORPO	/liddle) RATI	ON	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024								Chief Accounting Officer						
681 GAT	EWAY BL	VD																	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
SOUTH	SAN		4000										٦	Form filed by One Reporting Person					on
FRANCI	ISCO CA	A 9	4080												Form Perso		re tha	n One Repo	orting
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, 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 Acc Disposed Of (D) 5)			Acquired (A) or (D) (Instr. 3, 4 and		nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or Prid		- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 12/06/2					2024				S		226(1)	D	\$52.	52.704		53,043		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)			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)	у	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	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 Robert F. Werner

12/10/2024

** 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.