Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

OMB APPROVAL											
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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. Name and Address of Reporting Person* Banyai William						2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Danyar wimam</u>														X				10% Ov			
(Last)	(Fi	rst) (N	Middle)		2 Do	to of E	arliact	Tranc	action (I	Month	/Day/Voor)			X	Office belov	er (give title v)		Other (s below)	pecify		
C/O TWIST BIOSCIENCE CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021								See Remarks							
681 GATEWAY BLVD.																					
					1 If A	If Amendment, Date of Original Filed (Month/Day/Year)								6 Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					" /	Tillella	mem,	Date 0	Oligini	ai i iic	a (Month/Da	ly/ ICui	,	Line)		301110 0100	p i iiiig (CHCCK A	opiicabic		
SOUTH		A 9	4080												Form	filed by On	e Report	eporting Person			
FRANCISCO															Form filed by More than One Reporting Person						
(City)	(Si	ate) (Z	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficiall	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amo Securit Benefic Owned Report	ies cially Following	6. Owner Form: D (D) or Ir (I) (Instr	Direct of direct of 1.4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(1130.4)		
Common Stock 04/01/2				2021				F		169(1)		\$	3122.2	420,818		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ıts, ca	alls, v	varra	ants,	optio	ns, c	convertib	le se	curit	ies)							
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D Se (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ow Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber							

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 Restricted Stock Units ("RSUs") previously granted to the Reporting Person. Such withholding is exempt from Section 16(b) pursuant to Rule 16b-3(e).

Remarks:

Senior Vice President of Advanced Development and General Manager of Data Storage

/s/ William Solis, as Attorney-04/05/2021 in-Fact for William Banyai

** 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.