FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL

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	OMB Number:	3235-0287
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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* Laponis Adam					2. Issuer Name and Ticker or Trading Symbol Twist Bioscience Corp [TWST]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
Laponis Adam															Off:-	tor er (give title		10% Ov Other (s		
<i>a</i> 0		irst) (I	Middle)		<u> </u>									_	belov			below)	specify	
(Last)		3. Date of Earliest Transaction (Month/Day/Year)									Chief Financial Officer									
C/O TWIST BIOSCIENCE CORPORATION					11/04/2024															
681 GATEWAY BLVD																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	CAN				1									Lir	ne)		_			
SOUTH	(A 9	4080		1										Form filed by One Reporting Person					
FRANC	1500												Form Pers		re tha	n One Repo	orting			
(City)	//	State) (2	Zip)																	
(City)	(3	otate) (a	<u>∠</u> ıp)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Own	ed				
1. Title of	Security (In	str. 3)		2. Transac	tion										6. Ownership		7. Nature			
				Date (Month/Da				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 a	Benefi) or Indirect	of Indirect Beneficial				
					(Mor	onth/Day/Year)		8)					Owned Following Reported				Ownership (Instr. 4)			
								Code V Amount		Amount		A) or D)	Price	Transaction(s)				(111041. 4)		
Common Stock 11/04/2						/2024					20,000 ⁽¹⁾ A		\$(93,397			D			
		Tai	hle II -	Derivati	ive Se	curit	ties /	7can	ired [)isn	osed of,	or B	Renet	icial	ly Owne	d		'		
											onvertib					-				
1. Title of	2.	3. Transaction	3A. Dec		4.			mber			isable and		itle and		8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transa Code (of Derivative		Expirat (Month)			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	(Instr. 3) Price of (Month/						Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		(Month/Day/Year) Securities Underlying Derivative Security (Ins				derlying	3	(Instr. 5)	Beneficiall	ly Direct (D)	Direct (D)	Ownership	
Derivative															Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
				3 and 4) `							Reported Transaction(s)									
												(Instr. 4)	(3)	"						
						and 5))												
													Am or	ount						
											Funimetica		Number of							
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		ires							

Explanation of Responses:

1. Represents performance stock units for which target criteria was determined to have been met on November 4, 2024. 60% of the PSUs remain subject to time-based vesting and will vest on October

1,2025, subject to continued service or acceleration of vesting as provided in the award agreement.

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Adam Laponis

11/06/2024

** Signature of Reporting Person

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.