FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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).

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. Name and Address of Reporting Person* <u>Kirkpatrick Lee</u>					2. Issuer Name and Ticker or Trading Symbol TWILIO INC [TWLO]						(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) (First) (Middle) C/O TWILIO INC. 375 BEALE STREET, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2017						X	chief Financia		below)	below)		
(Street) SAN FRANCISCO CA 94105				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)													
			able I - Non			1		quired, Di	-			_	. 1.	1		
1. Title of Security (Instr. 3)			- 1	Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securit Disposed tr.			5. Amount Securities Beneficial Owned Fo Reported	ly (C	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amount	(A) or (D)	Price	Transactio			,iii3ti. 4)	
			Table II - D					uired, Dis , options,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction (Instr.			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 of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Τ						Amount	1	Transaction(s) (Instr. 4)	n(s)		
				Code	. v	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares					
Employee Stock Option (right to buy)	\$1.24	09/01/2017		М			20,000	(1)	05/16/2022	Class B Common Stock ⁽²⁾	20,000	\$0	421,076	D		
Class B Common Stock ⁽²⁾	(2)	09/01/2017		М		20,000		(2)	(2)	Class A Common Stock	20,000	\$0	120,261 ⁽³	D D		
Employee Stock Option (right to buy)	\$10.09							(4)	12/30/2025	Class B Common Stock ⁽²⁾	175,000		175,000	D		
Employee Stock Option (right to buy)	\$31.96							(5)	02/09/2027	Class A Common Stock	95,056		95,056	D		

Explanation of Responses:

- 1. The option is fully vested and exercisable by the reporting person.
- 2. Each share of Class B common stock is convertible into one share of Class A common stock at the option of the holder and has no expiration date.
- 3. A portion of these shares represent Restricted Stock Units ("RSU's). Each RSU represents a contingent right to receive one share of Issuer's Class B Common Stock.
- 4. The shares subject to this option vest in 34 equal monthly installments, with the first installment on July 15, 2016. The option is early exercisable by the reporting person.
- 5. The Stock Option ("Option") shall vest as follows: 1/4th of the Option shall vest on January 1, 2018, and 1/48th of the Option shall vest monthly thereafter, subject to continued service to the Issuer on each vesting date.

/s/ Alexis Rhorer as attorney in fact for Reporting Person 09/0

** Signature of Reporting Person

09/06/2017

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.