FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D. | C. 20549 |
|----------------|----------|
|----------------|----------|

| 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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person*     Shipchandler Khozema |   |         |         |                        | 2. Issuer Name and Ticker or Trading Symbol TWILIO INC [ TWLO ] |   |             |                                       |                  |       |                                  |            |   | (Chec  | k all app                                    | ,  | ng Pe | rson(s) to Is  10% O  Other (  | wner                                  |
|--|---|---------|---------|------------------------|---|---|-------------|---------------------------------------|------------------|-------|----------------------------------|------------|---|--|--|--|-------|--|---------------------------------------|
| (Last) (First) (Middle) 101 SPEAR STREET, FIFTH FLOOR          |   |         |         |                        | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2022     |   |             |                                       |                  |       |                                  |            |   | X  | belov  |  | ating | below)   | Specify                               |
| (Street) SAN FRANCE  | SCO CA 94105  |         |         |                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |   |             |                                       |                  |       |                                  |            | Line)   | 5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |       |  |                                       |
| (City)   | (St   | ate) (Z | Zip)    |                        |   |   |             |                                       |                  |       |                                  |            |   |  |  |  |       |  |                                       |
|  |   | Table   | I - Nor | า-Deriva               | tive S  | Secu  | rities      | Acq                                   | uired,           | Dis   | oosed of                         | , or E     | 3enef   | iciall   | y Own  | ed   |       |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da     |   |         |         | Exec<br>ay/Year) if an |   | a. Deemed<br>ecution Date,<br>any<br>onth/Day/Year) |             | Transaction Dispos<br>Code (Instr. 5) |                  |       |                                  |            | s, 4 and Secur<br>Benet   |  | cially<br>Following                          | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |
|  |   |         |         |                        |   |   |             |                                       | Code             | v     | Amount                           | (A)<br>(D) | or P  | rice   | Transa                                       | ction(s)<br>3 and 4)   |       |  | (Instr. 4)                            |
| Class A C  | Class A Common Stock 11/18/2  |         |         |                        | 2022  |   |             | S <sup>(1)</sup>                      |                  | 3,642 | 2 D                              |            | \$ <mark>51</mark>  | 72,921(2)  |  |  | D     |  |                                       |
|  |   | Tal     |         |                        |   |   |             |                                       | ,                |       | sed of, onvertib                 |            |   | •  | Owne   | d  |       |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |         |         | on Date,               | 4.<br>Transaction<br>Code (Instr.<br>8)                         |   | of<br>Deriv | r<br>osed<br>)<br>r. 3, 4             | 6. Date Expirati | on Da | e Am<br>Sec<br>Uni<br>Del<br>Sec |            | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |  | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |         |         |                        | Code  | v   | (A)         | (D)                                   | Date<br>Exercisa | able  | Expiration<br>Date               | Title      | Amou<br>or<br>Numb<br>of<br>Share   | er   |  |  |       |  |                                       |

## **Explanation of Responses:**

- 1. The sales reported were executed under the Reporting Person's 10b5-1 trading plan, dated as of 9/2/2021.
- 2. A portion of these shares represent Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of Issuer's Class A common stock.

## Remarks:

/s/ Sarah DiLorenzo as attorney in fact for Reporting 11/22/2022 Person

\*\* 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.