FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0.								

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person*     Boroditsky Marc			2. Issuer Name and Ticker or Trading Symbol TWILIO INC [ TWLO ]								heck all ap Dire	ip of Reporti plicable) ctor cer (give title	Ü	rson(s) to Is 10% Ov Other (s	vner				
(Last) (First) (Middle) C/O TWILIO INC. 101 SPEAR STREET, FIRST FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 03/21/2022							1	X belo			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
101 SPE	AR STREE	II, FIRST FLOC	JK										_						
(Street) SAN FRANC	sco C	A 9	4105		4. If A	Amend	ment,	Date of	f Origina	al Filed	d (Month/Da	ıy/Yea	ar)	6. Lir	ie) <mark>X</mark> For	or Joint/Grounn filed by On filed by Mo	ie Rep	orting Pers	on
															Per		ne tna	ar one rep	Ji tang
(City)	(St	ate) (2	Zip)																
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)		(A) or 3, 4 ar	nd Secu Bene Owne	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (C	A) or O)	Price	Trans	ransaction(s) Instr. 3 and 4)			(1113411 4)	
Class A C	Common St	ock		03/21/2	2022			A		25,015 <sup>(1</sup>	(1) A		\$0	82,091(2)			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	med on Date, Day/Year)	4. Transaction Code (Instr. 8) 5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)			vative irities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		g nstr.	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of	nber ıres					

## **Explanation of Responses:**

1. The shares reported in this transaction represent RSUs. Each RSU represents the contingent right to receive one share of the Issuer's Class A common stock. The RSUs shall vest as follows: 33% of the RSUs shall vest in equal quarterly installments between the first and second anniversaries of January 1, 2022, 33% of the RSUs shall vest in equal quarterly installments between the second and third anniversaries of January 1, 2022, and 34% of the RSUs shall vest in equal quarterly installments between the third and fourth anniversaries of January 1, 2022, subject to the Reporting Person's continued employment with the Issuer through each vesting date.

2. A portion of these shares represent RSUs. Each RSU represents a contingent right to receive one share of Issuer's Class A common stock.

## Remarks:

/s/ Judy Tieh as attorney in fact for Reporting Person

03/23/2022

\*\* 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.