## FORM 4

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

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 APPR	OVAL						
OMB Number:	3235-0287						
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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

Name and Address of Reporting Person*  Lawson Jeff  ——————————————————————————————————					2. Issuer Name and Ticker or Trading Symbol TWILIO INC [ TWLO ]								Relationship on the control of the c	able) r	•	10% Ov	vner
(Last) (First) (Middle) C/O TWILIO INC. 645 HARRISON STREET, FL 3					3. Date of Earliest Transaction (Month/Day/Year) 10/17/2016								X Officer (give title below) Other (specify below)  Chief Executive Officer				
(Street) SAN FRANCISCO CA 94107			4	4. If Amendment, Date of Original Filed (Month/Day/Year)								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)	(S	state)	(Zip)														
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ransactio	2A. Deemed Execution Da		med on Date	3. Transact Code (In 8)	tion	Amount (A) or		ed (A) or str. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported Transact	s ally ollowing l ion(s)	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II - Der (e.g						spo	sed of		eficially	Owned	ind 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s illy	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares		Transaction( (Instr. 4)		<u>(s)</u>	
Class B Common Stock <sup>(1)</sup>	(2)	10/17/2016		F <sup>(3)</sup>			5,224	(2)		(2)	Class A Common Stock	5,224	\$0	161,0	26	D	
Class B Common Stock	(2)	10/18/2016		G <sup>(4)</sup>	V		6,651	(2)		(2)	Class A Common Stock	6,651	\$0	154,3	75	D	
Class B Common Stock	(2)	10/18/2016		G <sup>(4)</sup>	V	6,651		(2)		(2)	Class A Common Stock	6,651	\$0	7,071,3	381	I	By Lawson Revocable Trust
Class B Common Stock	(2)							(2)		(2)	Class A Common Stock	822,627	7	822,62	27	I	By Lawson 2014 GRAT
Class B Common Stock	(2)							(2)		(2)	Class A Common Stock	359,078	3	359,0	78	I	By Lawson 2014 Irrevocable Trust

## **Explanation of Responses:**

- 1. These shares represent Restricted Stock Units ("RSU's"). Each RSU represents a contingent right to receive one share of the Issuer's Class B common stock. The RSUs vest according to the following schedule: equal quarterly installments over 16 quarters from January 15, 2016, subject to the Reporting Person's continued employment with the Issuer through each such vesting date.
- 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. Represents shares of Common Stock that were withheld by the Issuer to satisfy tax withholding obligations of the Reporting Person in connection with the vesting of RSUs.
- ${\bf 4.} \ Represents \ shares \ that \ the \ Reporting \ Person \ contributed \ to \ the \ Reporting \ Person's \ trust.$

Alexis Rhorer as attorney in 10/19/2016 fact for Reporting 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.