

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2013-01-10** | Period of Report: **2013-01-01**
SEC Accession No. [0001209191-13-002791](#)

(HTML Version on secdatabase.com)

REPORTING OWNER

Barnes Melissa S

CIK: **1566364**

Type: **3** | Act: **34** | File No.: **001-06351** | Film No.: **13523227**

Mailing Address
*LILLY CORPORATE CENTER
INDIANAPOLIS IN 46285*

ISSUER

LILLY ELI & CO

CIK: **59478** | IRS No.: **350470950** | State of Incorporation: **IN** | Fiscal Year End: **1231**
SIC: **2834** Pharmaceutical preparations

Mailing Address	Business Address
<i>LILLY CORPORATE CENTER DROP CODE 1112 INDIANAPOLIS IN 46285</i>	<i>LILLY CORPORATE CTR DROP CODE 1112 INDIANAPOLIS IN 46285 3172762000</i>

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Barnes Melissa S</u> (Last) (First) (Middle) LILLY CORPORATE CENTER (Street) INDIANAPOLIS, IN 46285 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2013	3. Issuer Name and Ticker or Trading Symbol LILLY ELI & CO [LLY]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chief Eth/Cmpl Ofcr & SVP, ERM	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	667	D	
Common Stock	780	I	401(k)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee stock option 2/03 (right to buy)	02/16/2006	02/15/2013	Common Stock	6,300	\$57.85	D	
Employee stock option 2/04 (right to buy)	02/19/2007	02/14/2014	Common Stock	5,000	\$73.11	D	
Employee stock option 2/05 (right to buy)	02/11/2008	02/10/2015	Common Stock	1,314	\$55.65	D	
Employee stock option 2/06 (right to buy)	02/10/2009	02/09/2016	Common Stock	1,627	\$56.18	D	
Employee stock option 4/03 (right to buy)	04/27/2006	04/26/2013	Common Stock	7,500	\$63.67	D	
Restricted Stock Unit	10/02/2016	10/02/2016	Common Stock	3,894	(1)	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Eli Lilly and Company common stock.

Signatures

Melissa S. Barnes

** Signature of Reporting Person

01/10/2013

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.