FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | 0.5 | | | | | | | |

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

| Name and Address of Reporting Person* Roberts Zachary | | | | | 2. Issuer Name and Ticker or Trading Symbol Instil Bio, Inc. [TIL] | | | | | | (Ch | elationship o eck all applica Director | able) | Perso | n(s) to Issu 10% Ow Other (s | vner | |
|--|---|--|--|------|--|------------|--|---------------------|--|------------------|---|--|------------------------------|--|---|-------------|--|
| (Last) (First) (Middle) C/O INSTIL BIO, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2021 | | | | | | below) | | | below) | | | |
| 3963 MAPLE AVENUE, SUITE 350 | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) DALLA | S T | X | 75219 | | . II AIII | snament, i | Juic (| or Griginar i | iicu (| Wionan | y/ reary | Line |) <mark>X</mark> Form fil | ed by One I | Repor | ting Person | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ite | Execution Date, | | Code (Instr. | | | | 5. Amoun Securities Beneficia Owned Fo Reported | s Formally (D) of ollowing (I) (II) | | Direct I Indirect I tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) d (D) | Price | Transacti | ransaction(s) nstr. 3 and 4) | | | |
| 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) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun 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 Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Employee Stock Option (right to buy) | \$5.95 | 03/18/2021 | | A | | 240,000 | | (1) | 02 | 2/09/2031 | Common Stock | 240,000 | \$0.00 | 240,000 | 0 | D | |

Explanation of Responses:

1. The option vests in forty-eight (48) equal monthly installments commencing on March 19, 2021, subject to the Reporting Person continuing to provide service through each such date.

Remarks:

/s/ Madison Jones, Attorney-in-

Fact

03/22/2021

** 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.