FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20 | 549 |
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| OMB APPROVAL | | | | | | | | | |
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| Estimated average bur | den | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Nielsen Jack | | | | | Ins | 2. Issuer Name and Ticker or Trading Symbol Instil Bio, Inc. [TIL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|---|---------|---|--|---|--|--|--|-----------------|--|--|---|--|---|---|---------------------------------------|--|
| (Last) | ast) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023 | | | | | | | | (give title | | Other (specification) | pecify | |
| 3963 MAPLE AVENUE SUITE 350 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | S T2 | Χ , | 75219 | | | | | | | | | | | | iled by Mor | | • | - 1 | |
| (City) | (Si | tate) (| Zip) | | - Ri | Check | this box | to inc |) Transa dicate that a transaction | ansac | ction was r | nade pursua | ant to a con | ract, instruction 10. | on or written | plan that | is intended | I to | |
| | | Tab | le I - Nor | n-Deriv | vative | Sec | uritie | s Ac | quired, [| Disp | osed c | of, or Be | neficial | ly Owned | i | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | A. Deemed xecution Date, any Month/Day/Year | | e, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | Benefici | es ally Following | 6. Owne Form: D (D) or In (I) (Instr | Direct ondirect B r. 4) C | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | ount (A) or (D) | | Transac | nsaction(s) tr. 3 and 4) | | | Instr. 4) | | |
| | | Т | | | | | | | uired, Di s, options | | | | | Owned | | | | | |
| 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) | | 4. Transaction Code (Instr. 8) | | 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$11.18 | 06/14/2023 | | | A | | 1,500 | | (1) | 06 | /13/2033 | Common Stock | 1,500 | \$0 | 1,500 | | D | | |

Explanation of Responses:

1. The option will vest in 12 equal monthly installments commencing on July 14, 2023, subject to the Report Person's continued service as a director through the vesting date.

Remarks:

/s/ Sandeep Laumas, M.D. Attorney-in-Fact for Jack B.

01/10/2024

<u>Nielsen</u>

Date

** Signature of Reporting Person

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.