FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Triane and reduces of responding relief															5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Simmons Jet	ffrey N				E	lanc	o Ani	imal I	Iea l	th	Inc [ELA	N]						
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)									X_ Director10% Owner					
C/O ELANCO ANIMAL HEALTH						12/11/2025									_X_ Officer (give title below) Other (specify below) PRESIDENT, CEO AND DIRECTOR				
INCORPOR CIRCLE	ATED, 4	50 ELA	NCO)															
					4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
INDIANAPOLIS, IN 46221 (City) (State) (Zip)						-								_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(-		·-·) (<u>-</u> -	• •	e I - No	on-De	rivati	ive Sec	curities	Acq	uiı	red, Di	sposed	of, or	Ber	neficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. Da				. Date	2A. Do Execut Date, i	tion	(Instr. 8)			4. Securities Acquire Disposed of (D) (Instr. 3, 4 and 5)			or	5. Amount of Securities Beneficially Owner Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Inc Form: Bene Direct (D) Owner	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	,	V	Amount	(A) or (D)	Pric	e				(I) (Instr. 4)	
Common Stock 12/11/2025				2025			P			22,000	A	\$21.749	8 (<u>1)</u>			167,000	I	By Revocable Trust	
Common Stock																	1,802,380 (2)	D	
	Tab	le II - Der	ivativ	e Secu	ırities	Bene	eficiall	y Own	ed (<i>e</i>	.g.	, puts,	calls, w	varrai	ıts, e	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security Conversion Date Execution Date, if any Execution Date, if any				(Instr. 8)	ans. Code r. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				and Expiration Date				vative r. 3 a	d Amount of Underlying e Security nd 4)			10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- (1) Reflects the weighted average price of 22,000 shares of common stock of Elanco Animal Health Inc. purchased by the reporting person in multiple transactions on December 11, 2025 with purchase prices ranging from \$21.739 to \$21.75 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.
- (2) Includes 1 share acquired on April 30, 2025 under Elanco Animal Health Inc.'s Employee Stock Purchase Plan.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Simmons Jeffrey N C/O ELANCO ANIMAL HEALTH INCORPORATED 450 ELANCO CIRCLE INDIANAPOLIS, IN 46221	X		PRESIDENT, CEO AND DIRECTOR					

Signatures

/s/ Amy C. Seidel, as Attorney-in-Fact for Jeffrey N. Simmons

12/15/2025

**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 control number.