

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
CONSOLIDATED REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	4	5	39	2	8	0	0	0	26	5	8	0	0	0	97
First/Mid-Level Officials and Managers	408	461	3287	293	1575	12	6	95	3198	426	1849	13	6	108	11737
Professionals	245	272	1108	153	775	5	4	70	1223	182	1100	5	4	77	5223
Technicians	34	23	81	21	42	1	0	5	81	13	41	0	0	2	344
Sales Workers	47	52	473	50	15	4	1	12	700	40	41	3	4	24	1466
Administrative Support Workers	3	45	10	5	2	0	0	0	330	59	19	1	1	18	493
Craft Workers	10	0	51	4	5	0	1	4	0	0	0	0	0	0	75
Operatives	143	73	237	113	78	7	1	17	99	84	81	10	2	15	960
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	894	931	5286	641	2500	29	13	203	5657	809	3139	32	17	244	20395
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	846	903	5423	639	2396	31	12	196	5863	836	3083	32	19	226	20505

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12/17/2023 - 12/31/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME  
BRISTOL-MYERS SQUIBB CO

ADDRESS  
3551 Lawrenceville Road

CITY/TOWN  
PRINCETON

STATE  
NJ

ZIP CODE  
08540

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**CERTIFICATION STATEMENT**

*"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."*

**Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.**

**DATE OF CERTIFICATION**

6/4/2024 6:23 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official  
Marijana Haskell

Title of Certifying Official  
Senior Paralegal, EEO

Email Address of Certifying Official  
marijana.haskell@bms.com

Telephone Number of Certifying Official  
609-252-2727

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC  
Marijana Haskell

Title and Employer of Primary POC  
Senior Paralegal, EEO  
Bristol-Myers Squibb Co

Email Address of Primary POC  
marijana.haskell@bms.com

Telephone Number of Primary POC  
609-252-2727

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION A – TYPE OF REPORT**  
HEADQUARTERS REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID 0636088	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	3	16	1	3	0	0	0	14	0	2	0	0	0	40
First/Mid-Level Officials and Managers	77	104	860	63	319	3	1	22	1091	145	495	3	4	31	3218
Professionals	17	27	206	17	126	0	0	8	300	35	205	3	0	6	950
Technicians	0	2	5	4	1	1	0	1	7	0	0	0	0	0	21
Sales Workers	47	50	473	50	15	4	1	12	698	39	41	3	4	24	1461
Administrative Support Workers	0	11	2	1	0	0	0	0	98	17	5	0	1	2	137
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>142</b>	<b>197</b>	<b>1562</b>	<b>136</b>	<b>464</b>	<b>8</b>	<b>2</b>	<b>43</b>	<b>2208</b>	<b>236</b>	<b>748</b>	<b>9</b>	<b>9</b>	<b>63</b>	<b>5827</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/17/2023 - 12/31/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

This establishment has become Bristol-Myers Squibb's headquarters. In previous EEO-1 submissions, it was establishment 6116312. Remote and field-based employees, residing both inside and outside New Jersey, and who are not assigned to another specific BMS location, are included in this establishment's employee totals for purposes of EEO-1 reporting.

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**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

EV73070

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Avilomics Research

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

200 Cambridge Park Drive

CITY/TOWN

CAMBRIDGE

STATE

MA

ZIP CODE

02140

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	2	3	40	3	24	0	0	1	36	1	28	0	0	0	138

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME <b>BRISTOL-MYERS SQUIBB CO</b>			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID QL31705	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5 Giralda Farms	CITY/TOWN MADISON	STATE NJ	ZIP CODE 07940	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	1	1	0	0	0	0	0	2	1	0	0	0	0	5
First/Mid-Level Officials and Managers	14	20	170	20	195	0	0	5	251	31	250	3	0	11	970
Professionals	2	9	17	5	18	0	0	1	28	6	33	0	0	1	120
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	0	0	0	0	0	0	32	6	1	0	0	2	43
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	16	32	188	25	213	0	0	6	313	44	284	3	0	14	1138
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME <b>BRISTOL-MYERS SQUIBB CO</b>			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID DC41105	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 38 Jackson Road	CITY/TOWN DEVENS	STATE MA	ZIP CODE 01434	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
220790350**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	28	25	282	26	84	0	0	5	168	10	57	0	1	4	690
Professionals	16	20	164	21	60	1	0	8	154	12	89	0	0	7	552
Technicians	12	7	31	2	6	0	0	0	27	3	9	0	0	1	98
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	1	0	0	0	0	9	1	0	0	0	1	13
Craft Workers	3	0	19	2	0	0	1	3	0	0	0	0	0	0	28
Operatives	43	15	99	37	21	0	0	8	34	8	13	0	0	5	283
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>102</b>	<b>67</b>	<b>597</b>	<b>89</b>	<b>171</b>	<b>1</b>	<b>1</b>	<b>24</b>	<b>392</b>	<b>34</b>	<b>168</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>1665</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>80</b>	<b>58</b>	<b>521</b>	<b>78</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>333</b>	<b>27</b>	<b>151</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1437</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12172023 - 12312023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

L312081

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

86 Morris Avenue

CITY/TOWN

SUMMIT

STATE

NJ

ZIP CODE

07901

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	6	0	0	0	6	0	5	0	0	0	22
Professionals	0	0	0	0	0	0	0	0	2	1	1	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>22</b>	<b>33</b>	<b>175</b>	<b>21</b>	<b>118</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>287</b>	<b>48</b>	<b>184</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>909</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

QL31694

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Juno Therapeutics

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1900 and 1940 USG Drive

CITY/TOWN

LIBERTYVILLE

STATE

IL

ZIP CODE

60048

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	2	16	2	8	0	0	0	11	1	7	1	0	1	51
Professionals	5	8	18	3	5	0	0	0	7	2	6	0	0	1	55
Technicians	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	0	1	0	1	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	10	10	35	5	15	0	0	1	19	3	13	1	0	2	114
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

MG85232

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1000 Dexter Ave N, Suite 100

CITY/TOWN

SEATTLE

STATE

WA

ZIP CODE

98109

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	4	4	37	3	14	0	0	1	33	3	17	0	0	1	117
Professionals	1	1	2	2	4	0	1	1	14	1	6	0	0	2	35
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	1	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>5</b>	<b>5</b>	<b>39</b>	<b>5</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>50</b>	<b>4</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>156</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>6</b>	<b>4</b>	<b>35</b>	<b>3</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>59</b>	<b>3</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>148</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

JG06015

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

556 Morris Avenue

CITY/TOWN

SUMMIT

STATE

NJ

ZIP CODE

07901

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	91	79	296	58	180	1	2	18	175	59	155	0	0	9	1123
Professionals	70	77	123	42	160	0	1	14	119	57	172	0	2	8	845
Technicians	1	3	2	1	2	0	0	0	2	0	0	0	0	0	11
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	1	0	0	0	0	0	13	5	1	0	0	1	23
Craft Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	71	41	46	63	31	3	0	3	31	66	46	1	1	3	406
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>234</b>	<b>202</b>	<b>469</b>	<b>165</b>	<b>373</b>	<b>4</b>	<b>3</b>	<b>35</b>	<b>340</b>	<b>187</b>	<b>374</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>2411</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>233</b>	<b>203</b>	<b>470</b>	<b>160</b>	<b>392</b>	<b>4</b>	<b>2</b>	<b>32</b>	<b>323</b>	<b>190</b>	<b>363</b>	<b>1</b>	<b>3</b>	<b>18</b>	<b>2394</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

JG01175

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

4242 Campus Point Court, Suite 300

CITY/TOWN

SAN DIEGO

STATE

CA

ZIP CODE

92121

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	3	0	5	0	0	1	0	0	1	0	0	0	11
Professionals	1	2	5	1	7	0	0	0	3	0	5	0	0	1	25
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>37</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>37</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID HR61730	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 100 Binney Street	CITY/TOWN CAMBRIDGE	STATE MA	ZIP CODE 02142	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	1	0	0	0	1	0	1	0	0	0	3
Professionals	0	0	1	0	1	0	0	0	0	0	3	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>4</b>	<b>8</b>	<b>99</b>	<b>3</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>60</b>	<b>4</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>301</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID MU89991	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9 Roszel Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	9	17	86	11	28	1	0	2	107	12	39	0	1	5	318	

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

AG09314

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

7 Powder Horn Drive

CITY/TOWN

WARREN

STATE

NJ

ZIP CODE

07059

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	9	6	28	3	15	0	0	1	20	6	24	1	0	0	113
Professionals	7	7	17	2	19	1	0	1	25	6	24	0	0	2	111
Technicians	1	1	0	0	0	0	0	0	1	1	1	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	7	4	11	1	3	0	0	0	4	3	2	0	0	1	36
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>25</b>	<b>18</b>	<b>56</b>	<b>6</b>	<b>37</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>50</b>	<b>16</b>	<b>51</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>267</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>17</b>	<b>21</b>	<b>64</b>	<b>9</b>	<b>37</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>55</b>	<b>16</b>	<b>51</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>278</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HV89436

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

400 Dexter Avenue North, Suite 1200

CITY/TOWN

SEATTLE

STATE

WA

ZIP CODE

98109

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	2	8	74	0	25	1	0	3	73	5	41	0	0	1	233
Professionals	12	14	92	3	40	1	0	9	93	4	83	0	0	15	366
Technicians	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	2	0	0	1	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>14</b>	<b>23</b>	<b>167</b>	<b>3</b>	<b>65</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>169</b>	<b>9</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>608</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>22</b>	<b>22</b>	<b>185</b>	<b>3</b>	<b>73</b>	<b>2</b>	<b>1</b>	<b>12</b>	<b>179</b>	<b>6</b>	<b>135</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>660</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID A417614	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Medarex Inc			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 700 Bay Road	CITY/TOWN REDWOOD CITY	STATE CA	ZIP CODE 94063	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
940309352

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

541713 - Research and Development in Nanotechnology

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	1	22	1	16	0	0	0	20	0	12	0	0	0	73
Professionals	3	2	36	2	39	0	0	3	31	2	76	0	0	3	197
Technicians	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	3	0	0	0	0	0	0	0	1	1	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>7</b>	<b>6</b>	<b>59</b>	<b>3</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>53</b>	<b>3</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>281</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>8</b>	<b>5</b>	<b>59</b>	<b>2</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>51</b>	<b>3</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>283</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

EB85042

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Bristol-Myers Squibb Company

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

801 Pennsylvania Avenue NW, 3rd Floor Suite 325

CITY/TOWN

WASHINGTON

STATE

DC

ZIP CODE

20004

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
First/Mid-Level Officials and Managers	2	0	8	1	1	0	0	0	12	3	1	0	0	1	29
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>31</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>27</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME <b>BRISTOL-MYERS SQUIBB CO</b>			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID QL31676	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 250 Water Street	CITY/TOWN CAMBRIDGE	STATE MA	ZIP CODE 02141	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
220790350**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	3	0	1	0	0	0	1	0	0	0	0	0	5
First/Mid-Level Officials and Managers	5	5	69	5	24	0	0	1	41	1	27	0	0	0	178
Professionals	6	4	76	3	56	0	0	4	63	4	83	0	0	5	304
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	1	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>11</b>	<b>9</b>	<b>148</b>	<b>8</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>108</b>	<b>5</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>491</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12172023 - 12312023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

QL31685

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Juno Therapeutics

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1930 and 1950 Innovation Way

CITY/TOWN

LIBERTYVILLE

STATE

IL

ZIP CODE

60048

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	5
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

GN66654

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Receptos

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

3033 Science Park Road, Suite 300

CITY/TOWN

SAN DIEGO

STATE

CA

ZIP CODE

92121

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	6	16	0	15	0	0	0	23	4	24	0	1	1	91
Professionals	1	3	2	0	4	0	0	1	6	0	2	1	0	0	20
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>9</b>	<b>18</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>30</b>	<b>4</b>	<b>26</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>113</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>7</b>	<b>15</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>22</b>	<b>0</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>75</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID 5474084	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 6000 Thompson Road	CITY/TOWN EAST SYRACUSE	STATE NY	ZIP CODE 13057	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	3	2	1	0	0	0	8
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

T031042

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Signal Research Division

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

10300 Campus Point Drive, Suite 100

CITY/TOWN

SAN DIEGO

STATE

CA

ZIP CODE

92121

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	6	2	33	0	19	0	0	0	17	1	18	0	0	3	99	
Professionals	15	7	45	4	35	0	1	1	35	0	39	0	0	3	185	
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	1	0	0	0	0	0	0	2	0	0	0	0	1	4	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>21</b>	<b>10</b>	<b>80</b>	<b>4</b>	<b>54</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>54</b>	<b>1</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>290</b>	
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>18</b>	<b>9</b>	<b>72</b>	<b>3</b>	<b>47</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>49</b>	<b>0</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>252</b>	

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

JG00942

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

MyoKardia

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1000 Sierra Point Parkway

CITY/TOWN

BRISBANE

STATE

CA

ZIP CODE

94005

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	3	7	16	0	19	0	0	2	39	4	24	0	0	2	116	
Professionals	3	2	14	1	17	0	0	1	14	1	26	0	0	1	80	
Technicians	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	1	0	0	1	0	0	0	1	0	2	1	0	0	6	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>6</b>	<b>10</b>	<b>33</b>	<b>1</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>54</b>	<b>5</b>	<b>52</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>206</b>	
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>3</b>	<b>7</b>	<b>22</b>	<b>1</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>27</b>	<b>5</b>	<b>38</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>139</b>	

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID FN02725	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4931 George Road	CITY/TOWN TAMPA	STATE FL	ZIP CODE 33634	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
220790350**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	31	48	75	7	20	1	1	4	101	18	17	0	0	4	327
Professionals	12	28	12	3	6	0	0	2	33	10	11	0	0	1	118
Technicians	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Administrative Support Workers	2	9	3	2	0	0	0	0	8	4	0	0	0	0	28
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>45</b>	<b>86</b>	<b>90</b>	<b>12</b>	<b>26</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>143</b>	<b>34</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>477</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>42</b>	<b>81</b>	<b>97</b>	<b>14</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>150</b>	<b>29</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>470</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12172023 - 12312023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME <b>BRISTOL-MYERS SQUIBB CO</b>			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID HF70871	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3401 Princeton Pike	CITY/TOWN LAWRENCE TOWNSHIP	STATE NJ	ZIP CODE 08648	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
220790350**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	1	12	1	4	0	0	0	6	3	3	0	0	0	31
First/Mid-Level Officials and Managers	54	75	577	50	226	1	2	17	706	86	362	3	0	24	2183
Professionals	7	14	34	7	37	0	0	1	65	15	44	0	0	4	228
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	2	0	0	0	0	0	3
Administrative Support Workers	0	13	0	0	0	0	0	0	120	18	6	0	0	5	162
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>62</b>	<b>104</b>	<b>623</b>	<b>58</b>	<b>267</b>	<b>1</b>	<b>2</b>	<b>18</b>	<b>899</b>	<b>122</b>	<b>415</b>	<b>3</b>	<b>0</b>	<b>33</b>	<b>2607</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>53</b>	<b>81</b>	<b>538</b>	<b>48</b>	<b>225</b>	<b>1</b>	<b>3</b>	<b>15</b>	<b>808</b>	<b>112</b>	<b>369</b>	<b>2</b>	<b>0</b>	<b>19</b>	<b>2274</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12172023 - 12312023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID 5315952	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1 Squibb Drive	CITY/TOWN NEW BRUNSWICK	STATE NJ	ZIP CODE 08903	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	50	44	405	29	221	2	0	4	242	34	177	1	0	6	1215
Professionals	27	24	132	25	99	0	0	4	132	19	136	0	0	4	602
Technicians	8	4	16	12	18	0	0	0	15	4	10	0	0	1	88
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	1	0	0	0	0	24	3	1	0	0	0	30
Craft Workers	1	0	17	1	3	0	0	0	0	0	0	0	0	0	22
Operatives	0	1	6	2	0	0	0	0	1	3	1	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>86</b>	<b>74</b>	<b>578</b>	<b>70</b>	<b>341</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>414</b>	<b>63</b>	<b>325</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>1973</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>82</b>	<b>66</b>	<b>572</b>	<b>64</b>	<b>306</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>399</b>	<b>60</b>	<b>301</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>1869</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID T570262	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 100 Nassau Park Blvd	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08534	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [STH8CLB2ZR8](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
First/Mid-Level Officials and Managers	7	3	156	14	119	1	0	3	80	6	90	1	0	4	484
Professionals	5	2	18	5	18	0	0	0	13	2	24	0	0	1	88
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	6	1	0	0	0	0	7
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	12	5	174	19	137	1	0	3	100	9	115	1	0	5	581
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	8	3	157	14	92	1	0	2	80	8	72	1	0	1	439

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

DM44203

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

620 N. 51st Avenue

CITY/TOWN

PHOENIX

STATE

AZ

ZIP CODE

85043

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	13	10	53	5	8	1	0	2	28	3	4	0	0	1	128
Professionals	22	14	33	2	5	0	1	5	30	1	6	0	1	2	122
Technicians	5	4	5	0	0	0	0	1	5	1	1	0	0	0	22
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	3	0	12	0	1	0	0	1	0	0	0	0	0	0	17
Operatives	8	8	22	5	2	1	1	2	9	1	4	0	1	1	65
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>51</b>	<b>37</b>	<b>125</b>	<b>12</b>	<b>16</b>	<b>2</b>	<b>2</b>	<b>11</b>	<b>73</b>	<b>6</b>	<b>15</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>356</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>50</b>	<b>37</b>	<b>133</b>	<b>11</b>	<b>17</b>	<b>2</b>	<b>2</b>	<b>11</b>	<b>75</b>	<b>10</b>	<b>14</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>368</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME <b>BRISTOL-MYERS SQUIBB CO</b>			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID HV89344	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Celgene Corporation			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1522 217th Place Southeast	CITY/TOWN BOTHELL	STATE WA	ZIP CODE 98021	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
220790350**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): [UNAVAILABLE](#)

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

[325412 - Pharmaceutical Preparation Manufacturing](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	5	9	78	5	22	1	0	4	46	4	30	0	0	3	207
Professionals	9	6	55	5	18	2	0	6	50	3	24	1	1	7	187
Technicians	5	1	20	2	13	0	0	2	22	3	19	0	0	0	87
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	1	0	0	0	0	0	2	1	0	0	0	1	6
Craft Workers	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Operatives	13	4	52	5	20	3	0	4	19	3	15	9	0	5	152
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>32</b>	<b>21</b>	<b>208</b>	<b>17</b>	<b>74</b>	<b>6</b>	<b>0</b>	<b>16</b>	<b>139</b>	<b>14</b>	<b>88</b>	<b>10</b>	<b>1</b>	<b>16</b>	<b>642</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>24</b>	<b>24</b>	<b>205</b>	<b>18</b>	<b>69</b>	<b>8</b>	<b>0</b>	<b>15</b>	<b>137</b>	<b>12</b>	<b>80</b>	<b>9</b>	<b>1</b>	<b>16</b>	<b>618</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12172023 - 12312023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
0636088

EMPLOYER NAME

BRISTOL-MYERS SQUIBB CO

ADDRESS

3551 Lawrenceville Road

CITY/TOWN

PRINCETON

STATE

NJ

ZIP CODE

08540

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

QL31714

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Juno Therapeutics

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1616 Eastlake Avenue E

CITY/TOWN

SEATTLE

STATE

WA

ZIP CODE

98102

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION** (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	2	4	0	2	0	0	2	5	0	2	0	0	1	19
Professionals	4	0	5	0	1	0	0	0	5	0	2	0	0	3	20
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>5</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>39</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS** (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 0636088	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO			
ADDRESS 3551 Lawrenceville Road	CITY/TOWN PRINCETON	STATE NJ	ZIP CODE 08540	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID JG01142	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Celgene Corporation			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 400 Connell Drive	CITY/TOWN BERKELEY HEIGHTS	STATE NJ	ZIP CODE 07922	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
220790350

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  
 YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

325412 - Pharmaceutical Preparation Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	11	0	0	0	2	0	7	0	0	0	23
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	0	0	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>7</b>	<b>2</b>	<b>33</b>	<b>7</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>4</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>237</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12172023 - 12312023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided