

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

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

OMB APPROVAL
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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

| Name and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | bol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|--|--|--|------------|-------------------------------|-------|-----------------|---|--------------------|---|-------|---|---------------|---|--|--|
| Price Paula A | | | | B | BRISTOL MYERS SQUIBB CO [BMY | | | | | | | [BM | | X Director10% Owner | | | | |
| (Las | st) (F | irst) (N | Middle) | 3. | Dat | e of Earli | est Tr | rans | action | (MM | I/DD/YYY | Y) | ŀ | Officer (giv | e title below | (r)Oth | er (specify b | pelow) |
| 430 E. 29TI | H STRE | ET, 14TI | H FLO | OR | | | | 2/1 | 1/202 | 21 | | | | | | | | |
| | (2 | Street) | | 4. | If A | mendmer | nt, Da | ate C | Origin | al Fi | led (MM/I | DD/YYYY | 6. | Individual of | or Joint/G | roup Filing | (Check Appl | icable Line) |
| NEW YOR | | | Zip) | | | | | | | | | | _X | _Form filed by | | ting Person One Reporting F | erson | |
| | | | | - Non-De | riva | ıtive Secu | ırities | s Ac | quire | ed, D | isposed | of, or B | enefi | cially Owne | ed | | | |
| 1.Title of Security (Instr. 3) 2. Trans. E | | | . Trans. Date | Date 2A. Deemed Execution Date, if any 3. Trans. Cod (Instr. 8) Code | | | or Disposed of (D) | | Follov | Amount of Securities Beneficially Owned bllowing Reported Transaction(s) nstr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | Т | able II - De | erivative | Securities | s Bei | neficially | Own | ied (| (e.g.,] | puts | , calls, w | arrants | , opt | ions, conve | tible secu | urities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deeme Execution Date, if any | d 4. Trans. Code (Instr. 8) | Derivative | | Securities A) or of (D) | | | 6. Date Exercisable and Expiration Date | | 7. Title and An Securities Undo Derivative Secu (Instr. 3 and 4) | | rlying | | 9. Number of derivative Securities Beneficially Owned | Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Code | V | (A) | (| (D) | Date Exercis | | Expiration Date | Title | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |
| Deferred Share Units | (1) | 2/1/2021 | | A | | 3054.171 | ı | | <u>(1</u> |) | (1) | Comn Stock, S par va | 60.10 | 3054.171 | \$62.21 | 4535.414 (2) | D | |

Explanation of Responses:

- (1) Each Deferred Share Unit will be converted into a share of common stock upon settlement. The Deferred Share Units become settleable when the reporting person ceases to be a director or at a future date previously specified by the reporting person.
- (2) Includes deferred compensation and dividends reinvested under the 1987 Deferred Compensation Plan for Non-Employee Directors.

Reporting Owners

| Panorting Owner Name / Address | 0 | Relationships | | | | | | |
|--------------------------------|----------|---------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Addres | Director | 10% Owner | Officer | Other | | | | |
| Price Paula A | | | | | | | | |
| 430 E. 29TH STREET | X | | | | | | | |
| 14TH FLOOR | Λ | | | | | | | |
| NEW YORK, NY 10016 | | | | | | | | |

Signatures

/s/ Lisa A. Atkins, attorney-in-fact for Paula A. Price

**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.