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BRISTOL M Form 4 March 04, 20	IYERS SQUIE	BB CO									
FORN Check th	I 4 UNITE	D STATES		ITIES A hington,			NGE (COMMISSION		PPROVAL 3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHAN Filed pursuant to Section 10 Section 17(a) of the Public Ut 30(h) of the In				SECUR 6(a) of the ility Hold	ITIES e Securiti ling Com	Estimated average burden hours per response 0.5					
(Print or Type I	Responses)										
Cuss Francis M Symbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)(First)(Middle)3. Date of (Month/DaBRISTOL-MYERS SQUIBB03/02/20COMPANY, 345 PARK AVENUE				-				Director 10% Owner X Officer (give title Other (specify below) below) EVP & CSO			
NEW YOR	(Street) K, NY 10154			ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N	One Reporting Pe	erson	
(City)	(State)	(Zip)						Person			
	· · ·	-						uired, Disposed of		•	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$0.10 par value	03/02/2015			M	3,703 (1)	(D) A	Price	245,358.29	D		
Common Stock, \$0.10 par value	03/02/2015			J	3,703 (2)	A	\$0	249,061.29	D		
Common Stock, \$0.10 par	03/02/2015			F	2,759 (<u>3)</u>	D	\$ 62.3	246,302.29	D		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exer	cisable and	7. Title and	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day	(Year)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
	-				(D)				
				(Instr. 3, 4,					
					and 5)				
						Date Exercisable	Expiration Date	Title	Amount or Number of
				Code V	(A) (D)				Shares
Market Share Units	<u>(4)</u>	03/02/2015		М	3,703	(1)	03/31/2015 <u>(1)</u>	Common Stock, \$0.10 par value	3,703

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cuss Francis M BRISTOL-MYERS SQUIBB COMPANY 345 PARK AVENUE NEW YORK, NY 10154			EVP & CSO			
Signatures						
/s/ Robert J. Wollin, attorney-in-fact for Fra Cuss	ncis M.	03/04/2015				
**Signature of Reporting Person			Date			

Explanation of Responses:

* 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).

(1) Represents vesting of one-quarter of market share units granted on March 1, 2011.

(2) Adjustment reflects additional shares acquired upon the vesting of market share units due to the performance factor.

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(3) Shares withheld for payment of taxes upon vesting of awards.

Each market share unit converts into the number of shares of common stock determined by applying a payout factor to the target number

(4) of shares vesting on a given date. The payout factor is a ratio of the average of the closing price on the measurement date plus the nine prior trading days divided by the average stock price on the grant date (also a 10-day average). The minimum payout factor that must be achieved to earn a payout is 60% and the maximum payout factor is 200%.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.