

## **BRISTOL MYERS SQUIBB CO**

# Reported by MCBRIDE ANTHONY A

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 03/10/09 for the Period Ending 03/06/09

Address 345 PARK AVE

NEW YORK, NY 10154

Telephone 2125464000

CIK 0000014272

Symbol BMY

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





[] 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

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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2	2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MCBRIDE ANTHONY A					BRISTOL MYERS SQUIBB CO [ BMY ]										Director _		10% O	wner	
(Last)	(First)	(Mi	ddle)	3								1/DD/	below)	er (give title below) Other			er (specify		
345 PARK AV	ENUE							3	3/6/	200	9								
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)										6. Individual or Joint/Group Filing (Check Applicable Line)				
NEW YORK, NY 10154 (City) (State) (Zip)														-	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Non-	Deriv	ati	ive Sec	curi	ties A	Acq	uire	d, I	Disp	osec	l of, or Bo	eneficially	y Owned			
			2. Tra Date	ns.	Date, if		3. Trar Code (Instr.	r. 8) Ao Di		Acquired (A) or Disposed of (D) Instr. 3, 4 and 5		))		ant of Securities Beneficially Owned ng Reported Transaction(s) and 4)			Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						any		Code	v v	Amou		(A) or (D)	Price	;				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, \$0.10	par value			3/6/20	009			M		1412	2	A S	\$18.35	5	3209	94.29		D	
Common Stock, \$0.10	par value			3/6/20	009			F		415	(1)	D	\$18.35	5	31679	.29 (2)		D	
Common Stock, \$0.10	par value			3/6/20	009			F		582	(3)	D S	\$18.35	5	31097	.29 <sup>(2)</sup>		D	
Common Stock, \$0.10	) par value														4666.	36 (4)		I	By BMY Savings & Investment Program
Tab	le II - Dei	rivative	Securiti	es Be	ene	ficially	y O	wned	l ( e.	.g. , ]	put	s, ca	alls,	warrants	s, options,	, convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	I I	Deemed	4. Trai Code (Instr.	8)	Derivati Securitie Acquire Dispose			6. Date Exercisable and Expiration Date				Sec De	Fitle and Am curities Underivative Secu str. 3 and 4)	erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative y Security: Direct (D) or Indirect	(Instr. 4)
				Code	v	(A)	(D)	Date Exerc		sable	Expiration , Date		n Tit	le	Amount or Number of Shares	nber of			
Restricted Stock Units	<b>\$0</b> (5)	3/6/2009		M		1	1412	3	3/6/20	008		(5)	St	Common tock, \$0.10 par value	1412	\$18.35	2824	D	

#### **Explanation of Responses:**

- (1) Shares withheld for payment of taxes upon vesting of restricted stock.
- (2) Includes unvested restricted stock awards.
- (3) Shares withheld for payment of taxes upon vesting of restricted stock units.
- (4) Based on a plan statement as of the end of the most recent fiscal quarter.
- (5) The restricted stock units were converted on a one for one basis into shares of common stock upon vesting.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
MCBRIDE ANTHONY A										
345 PARK AVENUE			SVP Human Resources							
NEW YORK, NY 10154										

### **Signatures**

/s/ Sonia Vora, Attorney-in-Fact

\*\* 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.