

BRISTOL MYERS SQUIBB CO Reported by CALDARELLA JOSEPH C

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/15/07 for the Period Ending 05/14/07

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



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Address 345 PARK AVE

NEW YORK, New York 10154

Telephone 212-546-4000
CIK 0000014272
Industry Major 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 and Ticker or Trading Symbol						Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Caldarella Joseph C]	BRISTOL MYERS SQUIBB CO [(BMY)]						CO	Director 10% Owner					
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)						YYYY)	XOfficer (give title below) Other (specify below) VP & Financial Controller					
BRISTOL-MYERS SQUIBB COMPANY, ROUTE 206 & PROVINCELINE ROAD					5/14/2007							VP & Fin	ancial C	ontroller			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
PRINCETON, NJ 08543 (City) (State) (Zip)										X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	ole I - Noi	1-Deri	ivativ	ve Securi	ities A	cq	uired,	Dis	posed	l of, or l	Beneficially	y Owned			
				2. Tr Date		Deemed Code Acquired (A) or Follow			Followi (Instr. 3	mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock, \$0.10 par value 5/1				5/14	/2007		F		575 (1)	D	\$30.09)	21518.00 (2)			D	
Common Stock, \$0.10 par value													2611.15 ⁽³⁾			T	By BMY Savings & Investment Program
Tab	ole II - De	rivati	ive Secur	ities B	enef	icially O	wned	(e.	. <i>g</i> . , pu	ts,	calls,	warran	ts, options,	, convert	ible secui	rities)	
1. Title of Derivate Security Conversion Trans. Deemed Trans. (Instr. 3) Trans. Determine Date Execution Code		Trans.	Deri Secu Acqu Disp	umber of vative urities uired (A) or losed of (D) r. 3, 4 and	6. Date Exercisable and Expiration Date			7. Title and Amour Securities Underlyi Derivative Security (Instr. 3 and 4)		ying ty	8. Price of Derivative Security (Instr. 5)		Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Code			Code V	(A)	(D)	Date Expiration Date Title Shares			Number of	(s) (Instr. 4)							

Explanation of Responses:

- (1) Shares withheld for payment of taxes upon vesting of restricted stock.
- (2) Includes unvested restricted stock awards.
- (3) Based on a plan statement as of the end of the most recent fiscal quarter.

Reporting Owners

Paperting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director 10% Owner Officer	Other					
Caldarella Joseph C BRISTOL-MYERS SQUIBB COMPANY			VP & Financial Controller				

ROUTE 206 & PROVINCELINE ROAD PRINCETON, NJ 08543		
Signatures		
By: /s/ Sonia Vora, Attorney-in-Fact	5/15/2007	

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

Date

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Signature of Reporting Person

** 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.