BRISTOL MYERS SQUIBB CO

Form 4 May 17, 2007

FORM 4

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

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Celentano John E

(First)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

BRISTOL MYERS SQUIBB CO

[(BMY)]

(Month/Day/Year) 05/15/2007

3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Issuer

below)

(Check all applicable)

President, Health Care Group

10% Owner Other (specify

BRISTOL-MYERS SQUIBB COMPANY, RT. 206 & PROVINCELINE ROAD

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X_ Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

PRINCETON, NJ 08540

							reison		
(City)	(State)	(Zip) Tab	le I - Non-I	Derivativ	e Secu	rities Acq	quired, Disposed	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	ispose 4 and (A) or	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.10 par value	05/15/2007		M	4,501	A	\$ 28.9	63,556 (1)	D	
Common Stock, \$0.10 par value	05/15/2007		F	4,303 (2)	D	\$ 30.23	59,253 (1)	D	
Common Stock,	05/15/2007		F	59 <u>(3)</u>	D	\$ 30.23	59,194 (1)	D	

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\$0.10 par value

Common $2,985.58 \begin{tabular}{ll} & By BMY \\ Stock, & Savings \& \\ Investment \\ Program \\ \end{tabular}$

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.

SEC 1474

(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy)	\$ 28.9	05/15/2007	M	4,501	06/04/2005(5)	06/03/2007	Common Stock, \$0.10 par value	4,501

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Celentano John E BRISTOL-MYERS SQUIBB COMPANY RT. 206 & PROVINCELINE ROAD PRINCETON, NJ 08540

President, Health Care Group

Signatures

By: /s/ Sonia Vora, Attorney-in-Fact 05/17/2007

**Signature of Reporting Person Date

Reporting Owners 2

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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) Includes unvested restricted stock awards.
- (2) Shares withheld for payment of exercise price.
- (3) Shares withheld for payment of taxes upon exercise of stock option.
- (4) Based on a plan statement as of the end of the most recent fiscal quarter.
- (5) Currently Exercisable.

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.