HOOPER ANTHONY C

Form 4/A January 15, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

BRISTOL MYERS SQUIBB CO

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

(Print or Type Responses)

HOOPER ANTHONY C

1. Name and Address of Reporting Person *

			[(BMY)]					(Check an applicable)					
(Last) (First) (Middle) BRISTOL-MYERS SQUIBB COMPANY, RT. 206 &			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2007						Director 10% Owner _X Officer (give title Other (specify below) President US Pharmaceuticals				
	ELINE ROAD												
Fi				4. If Amendment, Date Original Filed(Month/Day/Year) 09/12/2007					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		T N	т.		C	•,•		1 e T			
•	, ,	•			n-D			ities Ac	equired, Disposed	•	·		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	Fransaction Date 2A. Dee onth/Day/Year) Execution any (Month/		Code (Instr.	8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			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	09/10/2007			Code	V	3,882 (1)	(D)	Price	104,547 (2)	D			
Common Stock, \$0.10 par value									2,809.39 (3)	I	By BMY Savings & Investment Program		
Common Stock,									3,675	I	By Spouse		

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\$0.10 par value

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	Expiration Date		nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date Exercisable	Expiration Date	Title 1	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

HOOPER ANTHONY C **BRISTOL-MYERS SQUIBB COMPANY** RT. 206 & PROVINCELINE ROAD PRINCETON, NJ 08540

President US Pharmaceuticals

Signatures

By: /s/ Sonia Vora, 01/15/2008 Attorney-in-Fact

**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) This form is being amended to correct the number of 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 2

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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.