

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 0882732			EMPLOYER NAME THE PROCTER AND GAMBLE COMPANY												
ADDRESS TWO PROCTER & GAMBLE PLAZA					CITY/TOWN CINCINNATI				STATE OH		ZIP CODE 45202				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN				STATE		ZIP CODE				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) [REDACTED]															
SECTION E – EMPLOYER FILING ELIGIBILITY															
☒ YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): LMLHENSX2W97															
☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)															
☒ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☒ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
551114 - Corporate, Subsidiary, and Regional Managing Offices															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	7	6	37	7	12	0	0	2	27	7	10	0	0	0	115
First/Mid-Level Officials and Managers	542	414	2978	414	557	3	17	99	2371	413	514	2	11	107	8442
Professionals	92	137	936	72	169	1	1	23	997	105	186	0	0	26	2745
Technicians	351	193	1191	365	38	4	4	53	675	192	57	1	7	53	3184
Sales Workers	83	101	558	81	40	3	3	21	516	77	58	2	3	25	1571
Administrative Support Workers	62	77	592	106	38	1	1	12	1256	162	54	2	7	31	2401
Craft Workers	608	161	5855	1216	141	11	64	208	1479	512	45	2	18	79	10399
Operatives	46	21	597	90	22	3	2	3	156	34	9	0	2	3	988
Laborers and Helpers	2	4	28	1	1	0	1	0	13	0	0	0	1	0	51
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1793	1114	12772	2352	1018	26	93	421	7490	1502	933	9	49	324	29896
PRIOR 2023 REPORTING YEAR TOTAL	1699	1046	12719	2121	938	22	90	347	7468	1397	851	4	49	281	29032
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 032732		EMPLOYER NAME THE PROCTER AND GAMBLE COMPANY		
ADDRESS TWO PROCTER & GAMBLE PLAZA		CITY/TOWN CINCINNATI	STATE OH	ZIP CODE 45202
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <i>"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 6/12/2025 1:50 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Diane Johnson		Title of Certifying Official Global Labor Relations Leader - Senior Director		
Email Address of Certifying Official johnson.dk.1@pg.com		Telephone Number of Certifying Official 519-541-2542		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Victoria Wood		Title and Employer of Primary POC HR Expert - Labor Relations THE PROCTER AND GAMBLE COMPANY		
Email Address of Primary POC wood_vr@pg.com		Telephone Number of Primary POC 502-487-1581		

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JOB CATEGORIES	Race/Ethnicity														Row Total
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			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	10	7	37	7	12	0	0	3	34	10	10	0	0	1	131
First/Mid-Level Officials and Managers	537	404	3093	410	513	2	14	74	2434	439	470	2	9	87	8488
Professionals	92	123	957	75	162	1	2	17	956	98	174	0	0	23	2680
Technicians	318	172	1071	280	39	4	2	46	618	152	53	1	7	47	2810
Sales Workers	82	107	587	87	38	1	4	20	536	82	56	0	4	22	1626
Administrative Support Workers	41	49	539	84	21	1	1	7	1221	137	44	0	7	27	2179
Craft Workers	556	151	5761	1062	127	11	63	175	1476	433	34	1	18	71	9939
Operatives	61	29	646	116	25	2	3	4	179	46	10	0	3	3	1127
Laborers and Helpers	2	4	28	0	1	0	1	1	14	0	0	0	1	0	52
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1699	1046	12719	2121	938	22	90	347	7468	1397	851	4	49	281	29032
PRIOR 2022 REPORTING YEAR TOTAL	1643	914	12809	1947	910	27	88	310	7420	1281	814	6	47	247	28463
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2023 - 12/31/2023															
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DATE OF CERTIFICATION 5/30/2024 4:00 PM [EST]				
EMPLOYER’S CERTIFYING OFFICIAL				
Name of Employer’s Certifying Official [REDACTED]		Title of Certifying Official [REDACTED]		
Email Address of Certifying Official [REDACTED]		Telephone Number of Certifying Official [REDACTED]		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC [REDACTED]		Title and Employer of Primary POC [REDACTED] [REDACTED]		
Email Address of Primary POC [REDACTED]		Telephone Number of Primary POC [REDACTED]		