Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ESTEE LAUDER, INC.

28 W. 23RD STREET, 8TH FLOOR
NEW YORK, NY 10010

2b Employer Identification Number (EIN) 13-1871348

2c Plan Sponsor's telephone number 212-572-4200

2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	LATRICIA PARKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE ESTEE LAUDER INC. EMPLOYEE BENEFITS COMMITTEE

28 W. 23RD STREET, 8TH FLOOR
NEW YORK, NY 10010

3b Administrator's EIN
13-3430484

3c Administrator's telephone number
212-572-4200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	18842
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	12229
a(2) Total number of active participants at the end of the plan year	**6a(2)**	11299
b Retired or separated participants receiving benefits	**6b**	25
c Other retired or separated participants entitled to future benefits	**6c**	7945
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19269
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	66
f Total. Add lines **6d** and **6e**	**6f**	19335
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	17789
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEE LAUDER, INC.

D Employer Identification Number (EIN)
13-1871348

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIMENSIONAL FUND ADVISORS

30-0447847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE & COX

94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY MANAGEMENT AND RESEARCH CO

04-2033129

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NORTHERN TRUST CORPORATION

36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP INC

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ARROWMARK PARTNERS

39-2068140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 51 68	NONE	950528	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	821266	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62	NONE	70418	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

26-0676603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	35956	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	34198	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

JP MORGAN INVESTMENT MANAGEMENT INV

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2055 45-5595944	0.52%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2050 45-5595944	0.52%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2020 20-3063359	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2025 20-5819098	0.47%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2030 20-3063387	0.51%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2035 20-5819181	0.52%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2040 20-3063440	0.52%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2045 20-5819388	0.52%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT 2060 81-3221155	0.47%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMARTRETIREMENT INCOME 20-3063490	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ESTEE LAUDER, INC.

D Employer Identification Number (EIN)
13-1871348

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2055 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-5595944-001	C	55237424

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GROWTH COMMINGLED FUND

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-135	C	702087028

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2020 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063359-001	C	75259192

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2025 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819098-001	C	123005862

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2030 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063387-001	C	143103619

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2035 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819181-001	C	153885932

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2040 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063440-001	C	154768688

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2045 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 20-5819388-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169999750

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2050 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 20-5819476-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165522677

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT INCOME FD

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 20-3063490-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79633417

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE DISCRETION TRUST

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN 84-6391546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49826160

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 INDEX NON-LENDING FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-097	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262044367

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMART RETIREMENT 2060 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 81-3221155-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11877107

a Name of MTIA, CCT, PSA, or 103-12 IE: US SHORT-TERM GOVT/CREDIT BOND FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-284	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9636126

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEE LAUDER, INC.

D Employer Identification Number (EIN)
13-1871348

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27485317	4689486
(2) Participant contributions	1b(2)	2162736	1986393
(3) Other	1b(3)	96836	72298
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11361964	10433744
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	109253272	123937033
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27994860	25117972
(9) Value of interest in common/collective trusts	1c(9)	1823753420	2155887349
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	438845968	510396186
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2440954373	2832520461
	Liabilities			
g	Benefit claims payable	1g	177412	257175
h	Operating payables	1h	1034527	1315430
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1211939	1572605
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2439742434	2830947856

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	46741122	
	(B) Participants	2a(1)(B)	89077564	
	(C) Others (including rollovers)	2a(1)(C)	7328216	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		143146902
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16327	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1077506	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1093833
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	517150	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8668005	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9185155
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	64042867	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	57507413	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6535454
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	7007558	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7007558

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		329388912
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		69502539
c Other income	2c		198121
d Total income. Add all **income** amounts in column (b) and enter total	2d		566058474
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184505008	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		184505008
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	72413	
(2) Contract administrator fees	2i(2)	835681	
(3) Investment advisory and management fees	2i(3)	999157	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1907251
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		186412259
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		379646215
l Transfers of assets:			
(1) To this plan	2l(1)		11559207
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP **(2)** EIN: 03-6605558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEE LAUDER, INC.

D Employer Identification Number (EIN)
13-1871348

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Report of Independent Certified Public Accountants

The Estee Lauder Companies 401(k) Savings Plan

December 31, 2021 and 2020

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* All other schedules are omitted, as they are not applicable or are not required, based on disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended, and the applicable regulations issued by the Department of Labor.

GRANT THORNTON LLP
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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
The Estee Lauder Companies 401(k) Savings Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit for the 2021 financial statements

We have performed an audit of the financial statements of The Estee Lauder Companies 401(k) Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 financial statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for opinion on the 2021 financial statements
We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the 2021 financial statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s responsibilities for the audit of the 2021 financial statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other matters

2021 supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the 2021 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the 2021 supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Grant Thornton

In forming our opinion on the 2021 supplemental schedule, we evaluated whether the 2021 supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the 2021 supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the 2021 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's report on the 2020 financial statements
We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 6, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

New York, New York
October 4, 2022

The Estee Lauder Companies 401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2021	2020
ASSETS		
Investments, at fair value	$2,800,654,312	$2,383,214,624
Receivables		
Participants' contributions	1,986,393	2,162,736
Employer's contribution	4,689,486	27,485,317
Notes receivable from participants	25,117,972	27,994,860
Interest and other receivables	72,298	96,836
Total receivables	31,866,149	57,739,749
Total assets	2,832,520,461	2,440,954,373
LIABILITIES		
Amounts due for investments purchased	244,552	352,959
Accrued administrative expenses	1,070,878	681,568
Total liabilities	1,315,430	1,034,527
NET ASSETS AVAILABLE FOR BENEFITS	$2,831,205,031	$2,439,919,846

The accompanying notes are an integral part of these financial statements.

The Estee Lauder Companies 401(k) Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2021	2020
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value	$ 412,430,080	$ 437,919,000
Dividends	9,179,306	6,483,113
Other	224,680	200,646
Net investment income	421,834,066	444,602,759
Interest income on notes receivable from participants	1,077,506	1,039,789
Contributions		
Participants	89,077,564	78,663,435
Rollover	7,328,216	5,645,990
Employer	46,741,122	41,508,642
Total contributions	143,146,902	125,818,067
Total additions	566,058,474	571,460,615
Deductions from net assets attributed to		
Benefits paid to participants	184,425,245	158,055,512
Administrative expenses	1,907,251	2,022,446
Total deductions	186,332,496	160,077,958
Net increase before transfer of assets	379,725,978	411,382,657
Transfer of assets to plan (Note 1)	11,559,207	-
NET INCREASE	391,285,185	411,382,657
Net assets available for benefits, beginning of year	2,439,919,846	2,028,537,189
Net assets available for benefits, end of year	$2,831,205,031	$2,439,919,846

The accompanying notes are an integral part of these financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of The Estee Lauder Companies 401(k) Savings Plan (the "Plan") covers employees of certain subsidiaries of The Estee Lauder Companies Inc. (the "Company") and provides only general information. The Company manufactures, markets and sells skin care, makeup, fragrance and hair care products around the world. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and subsequent pension legislation.

General

The Plan is a contributory defined contribution plan covering substantially all regular full-time employees who have completed 30 days of service in the U.S. and Puerto Rico (except those who are nonresident aliens with no U.S.-sourced income, leased employees, international military salespersons and on call employees), as defined by the Plan document. Part-time and certain temporary employees may participate in the Plan after meeting a 1,000 hour and one year of service requirement. Part-time employees who have not met the 1,000 hours of service requirement may become eligible to participate in the Plan following completion of 500 hours of service in each of three consecutive calendar years beginning in 2021 or later.

As of December 31, 2020, U.S. employees of BECCA, Inc., Too Faced Cosmetics Holdings, LLC ("Too Faced"), Have&Be Co. Ltd. ("Have&Be") and Deciem USA LLC ("Deciem") were not covered by the Plan. Effective January 1, 2021, Too Faced became a participating employer of the Plan. Provisions regarding past service and eligibility for Too Faced employees were adopted and participant assets and account balances were transferred to the Plan totaling $11,559,207 in cash. Have&Be will become a participating employer on January 1, 2023.

Plan Administration

The Estee Lauder Inc. Employee Benefits Committee is the Plan administrator (the "Plan Administrator"). The Plan's assets are held in trust by The Northern Trust Company (the "Trustee") and Alight Solutions serves as recordkeeper. The Estee Lauder Inc. Fiduciary Investment Committee has the authority to determine the investment options available to the participants. Investments of participant accounts, which include employer matching funds, are directed by participant elections.

Related-Party and Party-in-Interest Transactions

Certain investments of the Plan are managed by the Trustee and as of December 31, 2021 and 2020, such investments amounted to $10,433,744 and $11,361,964, respectively. Fees associated with investment management services provided by the Trustee qualify as party-in-interest. Total expenses incurred by the Plan to the Trustee for investment management, recordkeeping and other services amounted to $70,418 and $210,297 for the years ended December 31, 2021 and 2020, respectively and accrued administrative expenses were $308,904 and $256,131 at December 31, 2021 and 2020, respectively.

Contributions

Participants can contribute from 2% to 50%, in 1% increments of their eligible compensation, as defined in the Plan document, through payroll deductions subject to certain limitations. Contributions may not exceed statutory maximums and participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions, up to statutory maximums.

The Company matches 100% of a participant's contribution up to the first 3% of eligible compensation and 50% of a participant's contribution on the next 4% of eligible compensation ("Employer Matching Contributions"). Additionally, the Company will make an annual contribution for participants who met the Internal Revenue Service ("IRS") pre-tax and/or Roth 401(k) deferrals (402g) limit during the year or to

participants whose deferrals during the year are at least 7% of their eligible compensation but did not maximize the Company matching contribution ("True-Up Matching Contribution"). True-up Matching Contributions are included in Employer's contribution receivables in the statements of net assets available for benefits. Employer Matching Contributions for participants will begin following one year of service. At the option of the participant, contributions may be made on a pretax, Roth 401(k) or after-tax basis. Participants may also roll over amounts from other qualified retirement plans or individual retirement accounts. Rollover contributions are not eligible for the employer match.

Participants can direct their contributions to be invested in many types of investments, including registered investment companies, common/collective trusts ("CCTs") and a small/midcap equity fund managed directly for the Plan in a separate account which invests directly in common stocks as well as a short-term investment fund for liquidity purposes.

On April 28, 2020, an amendment to the Plan was approved which deferred employer match contributions. From May 1, 2020, Employer Matching Contributions attributable to Before-Tax, Roth 401(k) and After-Tax Contributions made by a Participant for payroll periods ending after May 1, 2020 (specifically, for weekly paychecks issued on or after May 8, 2020 and semi-monthly paychecks issued on or after May 15, 2020) and prior to January 1, 2021 (or such earlier date or dates as may be designated by the appropriate officers of the Company) shall not be credited and payable on a payroll period basis. Instead, such Employer Matching Contributions were credited on the Participant's behalf in 2020 and $25,007,315 was included in Employer contribution receivables in the accompanying statements of net assets available for benefits as of December 31, 2020, which was collected by the Plan in 2021.

Participant Accounts

All non-participating full-time employees are auto-enrolled in the Plan unless they affirmatively elected not to participate. Employees who are auto-enrolled have an initial deferral amount of 3%, which is then increased by 1% annually up to a maximum of 10% (auto-escalation feature). Participants who do not make an active election for investment of their contributions are automatically defaulted into the Qualified Default Investment Alternative ("QDIA"), as defined by the Plan document. The Plan entry date for those auto-enrolled is 60 days from hire date and 30 days from hire date for participants who voluntarily enroll.

Each participant account is credited with the participant's contribution, the Company's matching contribution (where applicable) and an allocation of the Plan's net earnings and/or losses and administrative expenses. Allocations of net earnings and/or losses from investment funds, along with an allocation of administrative expenses of the Plan, are included in the net asset value ("NAV") of those funds held in participants' accounts. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the vested portion of the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are also immediately vested in the Company's matching contributions, and any investment earnings thereon.

Notes Receivable from Participants

Participants may borrow up to two loans from their account, each with a minimum of $1,000 up to a combined maximum equal to the lesser of $50,000 or 50% of their vested account balance less the highest outstanding loan balance in the last 12 months. In accordance with the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") passed by the U.S. Senate on March 26, 2020, the new loans were permitted to the lesser of $100,000 or 100% of the participant's vested account and the period for loan repayment was extended for up to one year for coronavirus-related reasons. These reasons include

adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare as a direct result of COVID-19. The Plan opted to provide relief to employees through December 31, 2020 as prescribed in the CARES Act and has amended the Plan accordingly.

Loan interest rates are fixed at the prime rate, plus 0.50%, on the 15th day of the month prior to the date that the loan is requested and loan terms may range from one to twenty years with certain allowable exceptions. Interest rates on newly established notes in 2021 was 3.75% and in 2020 ranged from 3.75% to 5.75%. Interest rates on notes receivable from participants ranged from 3.75% to 8.75% at December 31, 2021 and 3.75% to 9.5% at December 31, 2020. Participants are charged a $50 processing fee for each loan initiated, and principal and interest are generally paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or their beneficiary) may receive either a lump-sum amount or a portion of the value of their vested plan benefit. If the vested value of the account of a participant who has terminated before retirement never exceeded $1,000 at the time of any prior distribution, the Plan will distribute the vested value in a lump-sum without the consent of the participant. For termination of service due to other reasons, a participant may receive the value of his/her vested plan benefit as a lump-sum distribution or can delay payment. Hardship distributions are permitted for active participants under certain circumstances as described in the Plan document. After-tax contributions made by participants are eligible for withdrawal at any time. Active participants over the age of 59½ may withdraw all available amounts in their accounts at any time.

In accordance with the CARES Act, eligible Plan participants were permitted to request penalty-free distributions of up to $100,000 for qualifying coronavirus-related reasons. These reasons included adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare as a direct result of COVID-19. The Plan opted to provide relief to employees through December 31, 2020 as prescribed in the CARES Act and has amended the Plan accordingly.

Forfeitures

The Plan did not have forfeitures of employer match contributions since such are immediately vested and have been since 2007.

Plan Termination Provisions

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan or of the complete discontinuance of contributions under the Plan, all prior company contributions become fully vested and funds are to be distributed as specified by the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. As future events and their effects cannot be determined with precision, actual results could differ significantly from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability, in the principal or most advantageous market for the asset or liability, in an orderly transaction between market participants at the measurement date (the exit price). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as of the Ex-dividend date. Net appreciation in fair value of investments includes realized gains and losses, as well as changes in net unrealized appreciation.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses primarily include investment management, advisory, consulting, recordkeeping and trustee fees which are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The extent of the impact of COVID-19 on the financial performance of the Plan's investments will depend on future developments, including the duration and spread of the outbreak and related advisories and restrictions and the impact of COVID-19 on the financial markets and the overall economy, all of which are highly uncertain and cannot be predicted. If the financial markets and/or the overall economy are impacted for an extended period, the Plan's investment results may be materially adversely affected.

NOTE 3 - FAIR VALUE MEASUREMENTS

U.S. GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Investments for which fair value is measured using NAV per share (or its equivalent) as a practical expedient shall not be categorized within the fair value hierarchy.

The three levels of the fair value hierarchy which may be used to measure fair value are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Also included in Level 2 are investments measured using NAV per share, or its equivalent, that may be redeemed at that NAV at the period end date or in the near term without redemption restrictions.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020. There is no redemption notice period associated with the Plan's NAV investments as they are part of participant directed accounts that can be traded daily.

Short-Term Investment Fund: The fair value is determined using the NAV provided by the administrator of the fund. These assets are classified within Level 2 of the valuation hierarchy and the Plan has the ability to redeem at the measurement date or within the near term without redemption restrictions.

Common Stock: The fair values of publicly traded funds are based upon market quotes and are classified within Level 1 of the valuation hierarchy.

Shares of Registered Investment Companies: The fair values of publicly traded funds are based upon market quotes and are classified within Level 1 of the valuation hierarchy.

Interests in CCTs: The fair values for non-publicly traded funds are determined using the NAV provided by the administrator of the fund. Those investments where the Plan has the ability to redeem at the measurement date or within the near term are classified within Level 2 of the valuation hierarchy.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	$ -	$ 10,433,744	$ -	$ 10,433,744
Common stock	123,937,033	-	-	123,937,033
Shares of registered investment companies	510,396,186	-	-	510,396,186
Interest in CCTs	-	2,155,887,349	-	2,155,887,349
	$ 634,333,219	$ 2,166,321,093	$ -	$ 2,800,654,312

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	$ -	$ 11,361,964	$ -	$ 11,361,964
Common stock	109,253,272	-	-	109,253,272
Shares of registered investment companies	438,845,968	-	-	438,845,968
Interest in CCTs	-	1,823,753,420	-	1,823,753,420
	$ 548,099,240	$ 1,835,115,384	$ -	$ 2,383,214,624

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that the following information in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments, at fair value, interest receivable, amounts due for investments purchased and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;
- Net investment income and interest income on notes receivable from participants, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020; and
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 5 - TAX STATUS

The Plan obtained a favorable determination letter on March 2, 2015, in which the IRS stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements for the years ended December 31, 2021 and 2020.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - CONTINGENCIES

On September 21, 2020, two complaints, previously filed by separate groups of plaintiffs, were consolidated into a single lawsuit against Estee Lauder, Inc., as sponsor of the Plan, the Board of Directors of Estée Lauder, Inc. and the Estee Lauder, Inc. Fiduciary Investment Committee, by participants in the Plan. The plaintiffs allege that the defendants breached their fiduciary duties under ERISA relating to prudent investment options and related investment fees. The proceedings are at an early stage so no estimate of the outcome can be made.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2021	2020
Net assets available for benefits per the financial statements	$ 2,831,205,031	$ 2,439,919,846
Amounts allocated to withdrawing participants	(257,175)	(177,412)
Net assets available for benefits per the Form 5500	$ 2,830,947,856	$ 2,439,802,434

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	Years Ended December 31,	
	2021	2020
Benefits paid to participants per the financial statements	$ 184,425,245	$ 158,155,512
Amounts allocated to withdrawing participants - current year	257,175	177,412
Amounts allocated to withdrawing participants - prior year	(177,412)	(2,014,823)
Benefits paid to participants per the Form 5500	$ 184,505,008	$ 156,218,101

NOTE 8 - SUBSEQUENT EVENTS

The Plan evaluated subsequent events for potential recognition and disclosure through October 4, 2022, which is the date these financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

The Estee Lauder Companies 401(k) Savings Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 13-1871348, PN: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Short-term Investment Funds			
*	NORTHERN TRUST	Short-term Investment Fund		$ 10,433,744
	Common Stocks			
	CANADA GOOSE HLDGS INC	Common Stock		996,395
	RITCHIE BROS AUCTIONEERS INC	Common Stock		2,708,175
	SPORTRADAR GROUP AG	Common Stock		778,984
	FARFETCH LTD CLASS A	Common Stock		626,478
	2U INC	Common Stock		1,724,414
	8X8 INC	Common Stock		1,670,570
	ABIOMED INC	Common Stock		663,387
	ABM INDS INC	Common Stock		1,205,729
	ACV AUCTIONS INC CL A	Common Stock		1,806,059
	AGIOS PHARMACEUTICALS INC	Common Stock		639,026
	ALIGHT INC CL A	Common Stock		290,021
	AMN HEALTHCARE SVCS INC	Common Stock		1,521,051
	ANAPLAN INC	Common Stock		753,682
	ARVINAS INC	Common Stock		648,906
	AXOGEN INC	Common Stock		563,915
	BANK OZK	Common Stock		843,589
	BELDEN INC	Common Stock		1,123,391
	C H ROBINSON WORLDWIDE INC	Common Stock		2,551,584
	C4 THERAPEUTICS INC	Common Stock		603,460
	CANO HEALTH INC CL A	Common Stock		596,124
	CAREDX INC	Common Stock		945,438
	CARGURUS INC CL A	Common Stock		1,064,168
	CARTER INC	Common Stock		750,850
	CHANNELADVISOR CORP	Common Stock		575,167
	CIMPRESS PLC	Common Stock		945,753
	CLEAN HBRS INC	Common Stock		1,603,503
	CONSENSUS CLOUD SOLUTIONS INC	Common Stock		621,929
	COOPER COS INC	Common Stock		692,508
	EURONET WORLDWIDE INC	Common Stock		1,838,316
	EXACT SCIENCES CORP	Common Stock		333,891
	FORWARD AIR CORP	Common Stock		1,763,797
	FOX FACTORY HLDG CORP	Common Stock		749,461
	FRONTDOOR INC	Common Stock		2,680,838
	GENERAC HLDGS INC	Common Stock		2,321,264
	GLOBALFOUNDRIES INC	Common Stock		1,845,408
	GRAND CANYON ED INC	Common Stock		1,833,423
	GRAPHIC PACKAGING HLDG CO	Common Stock		981,825
	HANESBRANDS INC	Common Stock		2,449,580
	HEALTHEQUITY INC	Common Stock		1,104,407
	HEARTLAND EXPRESS INC	Common Stock		521,201
	HENRY SCHEIN INC	Common Stock		1,193,807
	HERON THERAPEUTICS INC	Common Stock		518,885
	HOLOGIC INC	Common Stock		1,539,928
	JOHN BEAN TECHNOLOGIES CORP	Common Stock		642,341
	KIRBY CORP	Common Stock		1,778,500
	KNOWBE4 INC CL A	Common Stock		710,291
	KODIAK SCIENCES INC	Common Stock		875,354
	LPL FINL HLDGS INC	Common Stock		1,726,891
	MANDIANT INC	Common Stock		816,662
	MATSON INC	Common Stock		3,549,613

The Estee Lauder Companies 401(k) Savings Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EIN: 13-1871348, PN: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	MEDNAX INC	Common Stock		$ 884,896
	MERIT MED SYS INC	Common Stock		2,273,514
	MIDDLEBY CORP	Common Stock		2,206,663
	MIMECAST LIMITED	Common Stock		1,308,210
	MOMENTIVE GLOBAL INC	Common Stock		1,554,631
	N-ABLE INC	Common Stock		1,082,150
	NEVRO CORP	Common Stock		722,009
	NEW RELIC INC	Common Stock		1,978,290
	OMNICELL INC	Common Stock		982,315
	ON SEMICONDUCTOR CORP	Common Stock		3,232,584
	POLARIS INC	Common Stock		523,282
	PRECISION BIOSCIENCES INC	Common Stock		74,289
	PRIVIA HEALTH GROUP INC	Common Stock		838,447
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	RELAY THERAPEUTICS INC	Common Stock		667,328
	SALLY BEAUTY HLDGS INC	Common Stock		3,090,869
	SENSATA TECHNOLOGIES B V HOLDING	Common Stock		3,654,207
	SHUTTERSTOCK INC	Common Stock		621,704
	SKECHERS U S A INC CL A	Common Stock		3,559,885
	SMARTSHEET INC CL A	Common Stock		975,870
	SOLARWINDS CORP	Common Stock		577,334
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	SPRINGWORKS THERAPEUTICS INC	Common Stock		430,513
	STERIS PLC ORD	Common Stock		4,516,959
	STERLING CHECK CORP	Common Stock		645,983
	SUMO LOGIC INC	Common Stock		824,651
	SYNEOS HEALTH INC	Common Stock		2,125,476
	TALIS BIOMEDICAL CORP	Common Stock		137,699
	TENABLE HLDGS INC	Common Stock		965,983
	TENNANT CO	Common Stock		2,034,833
	TRIMBLE INC	Common Stock		2,424,318
	TRINET GROUP INC	Common Stock		3,333,909
	UNDER ARMOUR INC CL C	Common Stock		912,517
	VERACYTE INC	Common Stock		1,196,901
	VIKING THERAPEUTICS INC	Common Stock		326,393
	VROOM INC	Common Stock		635,423
	WISDOMTREE INVTS INC	Common Stock		1,204,789
	WOODWARD INC	Common Stock		679,309
	ZENDESK INC	Common Stock		2,305,748
	ZIFF DAVIS INC	Common Stock		3,574,237
	ZIPRECRUITER INC CL A	Common Stock		936,622
				123,937,033
	Shares of Registered Investment Companies:			
	DIMENSIONAL FUND ADVISORS GLOBAL EQUITY FUND	Shares of Registered Investment Company		118,264,993
	DODGE & COX STOCK FUND	Shares of Registered Investment Company		210,065,318
	VANGUARD INFLATION PROTECTED SECURITIES FUND	Shares of Registered Investment Company		44,137,257
	VANGUARD FEDERAL MONEY MARKET FUND	Shares of Registered Investment Company		74,719,341
	VANGUARD FTSE SOCIAL INDEX FUND	Shares of Registered Investment Company		63,209,277
				510,396,186

The Estee Lauder Companies 401(k) Savings Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EIN: 13-1871348, PN: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Interests in Common Trusts:			
	FIDELITY GROWTH CO COMMINGLED POOL CLASS 2	Investment in Common Trust		$ 702,087,028
	JPM 2020 FUND CF B CLASS	Investment in Common Trust		75,259,192
	JPM 2025 FUND CF B CLASS	Investment in Common Trust		123,005,862
	JPM 2030 FUND CF B CLASS	Investment in Common Trust		143,103,619
	JPM 2035 FUND CF B CLASS	Investment in Common Trust		153,885,932
	JPM 2040 FUND CF B CLASS	Investment in Common Trust		154,768,688
	JPM 2045 FUND CF B CLASS	Investment in Common Trust		169,999,750
	JPM 2050 FUND CF B CLASS	Investment in Common Trust		165,522,677
	JPM 2055 FUND CF B CLASS	Investment in Common Trust		55,237,424
	JPM 2060 FUND CF B CLASS	Investment in Common Trust		11,877,107
	JPM INCOME FUND B CLASS	Investment in Common Trust		79,633,417
	LOOMIS SAYLES CORE PLUS FUND FULL DISCRETION	Investment in Common Trust		49,826,160
	SSGA S&P 500 NON LENDING SER CL	Investment in Common Trust		262,044,367
	SSGA US SHORT TERM GOVERNMENT/CREDIT BOND INDEX NL SERIES CLASS Q	Investment in Common Trust		9,636,126
				2,155,887,349
	Participant Loans			
	Notes receivable from participants	Interest rates range from 3.75% to 8.75% on outstanding loans as of December 31, 2021		25,117,972
	Total investment assets			$2,825,772,284

* Party-in-interest

** Cost information has been omitted as funds are participant directed

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ESTEE LAUDER, INC.

28 W. 23RD STREET, 8TH FLOOR

NEW YORK NY 10010

2b Employer Identification Number (EIN) 13-1871348

2c Plan Sponsor's telephone number 212-572-4200

2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Latricia Parker	10/7/2022	LATRICIA PARKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE ESTEE LAUDER INC. EMPLOYEE BENEFITS COMMITTEE

28 W. 23RD STREET, 8TH FLOOR

NEW YORK NY 10010

3b Administrator's EIN 13-3430484

3c Administrator's telephone number 212-572-4200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	18,842
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	12,229
a(2) Total number of active participants at the end of the plan year	**6a(2)**	11,299
b Retired or separated participants receiving benefits	**6b**	25
c Other retired or separated participants entitled to future benefits	**6c**	7,945
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19,269
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	66
f Total. Add lines **6d** and **6e**	**6f**	19,335
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	17,789
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ ___ **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

The Estee Lauder Companies 401(k) Savings Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 13-1871348, PN: 002

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	Short-term Investment Funds			
*	NORTHERN TRUST	Short-term Investment Fund		$ 10,433,744
	Common Stocks			
	CANADA GOOSE HLDGS INC	Common Stock		996,395
	RITCHIE BROS AUCTIONEERS INC	Common Stock		2,708,175
	SPORTRADAR GROUP AG	Common Stock		778,984
	FARFETCH LTD CLASS A	Common Stock		626,478
	2U INC	Common Stock		1,724,414
	8X8 INC	Common Stock		1,670,570
	ABIOMED INC	Common Stock		663,387
	ABM INDS INC	Common Stock		1,205,729
	ACV AUCTIONS INC CL A	Common Stock		1,806,059
	AGIOS PHARMACEUTICALS INC	Common Stock		639,026
	ALIGHT INC CL A	Common Stock		290,021
	AMN HEALTHCARE SVCS INC	Common Stock		1,521,051
	ANAPLAN INC	Common Stock		753,682
	ARVINAS INC	Common Stock		648,906
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