

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: STMICROELECTRONICS, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): STMICROELECTRONICS, INC.
2b Employer Identification Number (EIN): 04-2495946
2c Plan Sponsor's telephone number: 972-466-6000
2d Business code (see instructions): 334410

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	3103
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	400
	6a(2)	388
	6b	1277
	6c	1339
	6d	3004
	6e	73
	6f	3077
	6g(1)	
6g(2)		
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:
1A

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>STMICROELECTRONICS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STMICROELECTRONICS, INC.</u>	D Employer Identification Number (EIN) <u>04-2495946</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>277607403</u>
	b Actuarial value	2b	<u>302434391</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1271</u>	<u>119832807</u>
	b For terminated vested participants	<u>1470</u>	<u>72968709</u>
	c For active participants	<u>400</u>	<u>77826531</u>
	d Total	<u>3141</u>	<u>270628047</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>9713347</u>
	b Expected plan-related expenses	6b	<u>800000</u>
	c Target normal cost	6c	<u>10513347</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary	<u>04/29/2025</u>
<u>AMY M. BEERT</u>	Date
Type or print name of actuary	<u>23-07195</u>
<u>PWC US CONSULTING LLP</u>	Most recent enrollment number
Firm name	<u>214-999-1400</u>
<u>2121 N PEARL ST</u> <u>DALLAS, TX 75201</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2686703
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	2686703
10	Interest on line 9 using prior year's actual return of <u>11.79</u> %	0	316762
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3003465

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.64 %
15	Adjusted funding target attainment percentage	15	111.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	0
	b Contributions made to avoid restrictions adjusted to valuation date	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 10513347
b Excess assets, if applicable, but not greater than line 31a			31b 10513347
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan STMICROELECTRONICS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STMICROELECTRONICS, INC.	D Employer Identification Number (EIN) 04-2495946	

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)..... 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

FIDELITY MANAGEMENT TRUST CO.

04-3022712

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

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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)

FIDELITY MANAGEMENT TRUST CO.

04-3022712

(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?
27 50	INV MGT	813847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INTL OPS

04-2647786

(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?
17 21 50	CONSULTING / ADMIN	260887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
27 50	INV MGT	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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.	

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>STMICROELECTRONICS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STMICROELECTRONICS, INC.</u>	D Employer Identification Number (EIN) <u>04-2495946</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT INTERNATIONAL EQUITY CO</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11674158</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG U.S. TREASURY STRIPS</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43213953</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4148378</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG DURATION COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39692688</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORP A OR BETTER</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74691970</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT INTERNATIONAL SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3102497</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKET DEBT COMM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST. ASSET MANAGEMENT TRUST CO.</u>		
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4367529</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM REIT COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INST. ASSET MANAGEMENT TRUST CO.

c EIN-PN 20-4659714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8998788
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62557591
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGIG MKT EQTY COMM

b Name of sponsor of entity listed in (a): FIDELITY INST. ASSET MANAGEMENT TRUST CO.

c EIN-PN 20-4659714-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5948111
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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)
-----------------	----------------------	---

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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STMICROELECTRONICS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STMICROELECTRONICS, INC.	D Employer Identification Number (EIN) 04-2495946

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	54 34
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12769 13816
(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)	
(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)	
(9) Value of interest in common/collective trusts	1c(9)	263967948 258395664
(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)	13626632 14252651
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	277607403	272662165
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	278506	284474
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	278506	284474
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	277328897	272377691

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1985	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1985
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	68890	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68890
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5582766
(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)		2053040
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7706681

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11219751	
(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)		11219751
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	260886	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	863847	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	313403	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1438136
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12657887

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4951206
l Transfers of assets:			
(1) To this plan	2l(1)		
(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) 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) 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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 548018.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>STMICROELECTRONICS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STMICROELECTRONICS, INC.</u>	D Employer Identification Number (EIN) <u>04-2495946</u>	

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): 04-3275867

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		7
---	--	---

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 38.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 57.8 %
 High-Yield Debt: _____ % Real Assets: 3.3 % Cash or Cash Equivalents: _____ % Other: _____ %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

STMicroelectronics, Inc. Retirement Plan

Financial Statements
and Supplemental Schedule
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



STMicroelectronics, Inc. Retirement Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

STMicroelectronics, Inc. Retirement Plan

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Independent Auditor's Report

The Plan Administrator
STMicroelectronics, Inc. Retirement Plan
Coppell, Texas

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of STMicroelectronics, Inc. Retirement 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). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

- The amounts and disclosures in the accompanying 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 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 audits. 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 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 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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 GAAP.

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 GAAP.

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 Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For



information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedule agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

September 16, 2025

Financial Statements

STMicroelectronics, Inc. Retirement Plan

Statements of Net Assets Available for Plan Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value	\$ 272,662,131	\$ 277,607,349
Dividends receivable	34	54
Total Assets	272,662,165	277,607,403
Liabilities		
Accrued expenses	284,474	278,506
Net Assets Available for Plan Benefits	\$ 272,377,691	\$ 277,328,897

See accompanying notes to financial statements.

STMicroelectronics, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Plan Benefits

<i>Year ended December 31,</i>	2024	2023
Additions and Deductions		
Investment income:		
Net appreciation in fair value of investments	\$ 7,635,806	\$ 30,655,653
Interest and dividends	70,875	145,241
Total Investment Income (Loss)	7,706,681	30,800,894
Retirement benefits paid	(11,219,751)	(9,968,687)
Administrative expenses	(1,438,136)	(1,733,772)
Net (Decrease) Increase	(4,951,206)	19,098,435
Net Assets Available for Plan Benefits, beginning of year	277,328,897	258,230,462
Net Assets Available for Plan Benefits, end of year	\$ 272,377,691	\$ 277,328,897

See accompanying notes to financial statements.

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

1. Plan Description

The following description of the STMicroelectronics, Inc. Retirement Plan (the Plan) is intended to give a general summary of its principal provisions. Participants should refer to the Plan document for more complete information.

General

The Plan is a non-contributory, defined benefit pension plan covering all eligible employees of STMicroelectronics, Inc. (the Employer, Company or Plan Sponsor), as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

The Employer's contributions to the Plan meet the actuarially determined minimum funding requirements in accordance with ERISA. All contributions are subject to the provisions of the Internal Revenue Code (IRC) and are paid within the time prescribed by law for filing the Employer's income tax return, including any extensions.

Pension Benefits

Regular employees hired prior to January 1, 2016, that are U.S. citizens or permanent residents of the U.S., do not participate in a STMicroelectronics affiliate retirement plan in another country, are over the age of 18 and have one year of credited service are eligible to receive vested benefits upon reaching the age of 65 with the completion of five years of vested service or the age of 55 with the completion of ten years of vested service. The basic monthly pension payable to a participant upon normal retirement equals the product of 0.6% of the participant's average monthly compensation multiplied by years of credited service. Employees forfeit the right to receive their accumulated plan benefits if they terminate before reaching five years of vested service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, or they may elect to receive their benefits as a life annuity, payable monthly from retirement.

Death Benefits

After completing at least five years of vested service, a death benefit is payable to the surviving spouse, or designated survivor, of a participant whose employment with the Employer is terminated because of death. The surviving spouse or the designated survivor may elect to receive this benefit in the form of a lump sum payment.

Administration

The Company is responsible for the administration and operation of the Plan. Fidelity Management Trust Company is the Plan Trustee (the Trustee). The Trustee receives all Employer contributions to the Plan. The Trustee holds, manages and invests the Employer contributions in accordance with the terms and conditions of the Plan and the instructions and directions of the retirement committee.

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method 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 management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The investments of the Plan are valued at fair value under the fair value measurements and disclosures guidance set forth in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). 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 an orderly transaction between market participants at the measurement date (the exit price); see Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Net Appreciation or Depreciation in Fair Value of Investments

The Plan presents in the statements of changes in net assets available for plan benefits the net appreciation or depreciation in fair value of investments, which consists of the net realized gains or losses and the unrealized appreciation or depreciation of those investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services provided by employees. Accumulated plan benefits are based upon the total credited service of all employees as of the beginning of the plan year (the Valuation Date).

The actuarial present value of such benefits is computed by the Plan's independent actuarial consultants, by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the Valuation Date and the expected date of payment. PricewaterhouseCoopers LLP was the Plan's independent actuarial consultant (the Actuary) in 2024 and 2023.

Employer Contributions and Employer Contributions Receivable

Employer contributions are recorded on the accrual method of accounting. Employer contributions receivable are obligations arising from amounts owed to the Plan from the Employer that have not been included in the Plan's investments at year end. Employer contributions receivable are recorded

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

at cost, which approximates their fair value. There were no contributions receivable as of December 31, 2024 and 2023.

Retirement Benefits Paid

Retirement benefit payments to participants are recorded upon distribution.

Administrative Expenses

In accordance with the Plan document, certain administrative fees and expenses are paid by the Employer. Administrative expenses not paid by the Employer are paid from the Plan's assets. Personnel and facilities of the Employer, which are used by the Plan for its accounting and other activities, have been provided at no charge to the Plan. In 2024 and 2023, the Plan incurred \$1,438,136 and \$1,733,772, respectively, in administrative expenses, which includes investment advisor and management fees, administration fees and Pension Benefit Guaranty Corporation (PBGC) insurance.

3. Funding Policy

The Employer's funding policy is to make annual contributions to the Plan in amounts that range from the minimum funding requirements to the maximum deductible contribution.

The Employer's policy is to fund normal costs annually and to fund the unfunded prior service costs due to Plan amendments over 30 years. Based on actuarial calculations related to minimum funding requirements of ERISA, there was no minimum required contribution for the Plan years ended December 31, 2024 or 2023. Accordingly, there were no contributions made for the years ended December 31, 2024 and 2023. The Employer did not make contributions to the Plan subsequent to year end for 2024.

4. Termination of the Plan

The Employer has not expressed any intent to terminate the Plan; however, in the event of termination of the Plan, the proportionate interest of the participants and their beneficiaries will be determined in accordance with the applicable requirements of the IRC and the rules administered by the PBGC. If the assets of the Plan are not sufficient to fund the accrued benefits of all participants, the assets will be distributed in the following priority:

- (a) Benefits to participants or beneficiaries who began receiving benefits at least three years before the termination date of the Plan (including those benefits which would have been received for at least three years if the participant had retired) based on Plan provisions in effect during the five years prior to termination which produce the least benefits.
- (b) Other benefits insured by the PBGC.
- (c) All other benefits under the Plan.
- (d) The remainder to the Employer.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

5. Fair Value Measurement

The FASB establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical asset or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820, *Fair Value Measurement*, are described below:

Basis of Fair Value Measurement

Level 1 - This level consists of unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - This level consists of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets.
- b. Quoted prices for identical assets or liabilities in inactive markets.
- c. Inputs other than quoted prices that are observable for the asset or liability.
- d. 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.

Level 3 - This level consists of prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Money Market Funds - Money market funds are mutual funds that invest in short-term debt securities such as U.S. government securities and repurchase agreements for those securities. The net asset value (NAV) of the fund is valued at amortized cost, which approximates fair value. The amortized cost of an instrument is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity. Securities held by a money market fund are generally high quality and liquid; however, they are reflected as Level 2 because the inputs used to determine fair value are not quoted prices in an active market.

Mutual Funds - Mutual funds are investments registered under the Investment Company Act of 1940. The fair market value of the fund is based on its calculated NAV at the close of business of the NYSE, considering the value of the fund assets at that time. The values of the assets are generally based

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

on market quotations or official closing prices. The fair market value of the fund is based on the fund's NAV, which is the price to sell one share of the fund. The NAV is readily available on the appropriate exchange. As a result, this fund is classified as Level 1.

Commingled Pool Funds - Commingled pool fund fair values are determined daily by the respective fund manager and represent the NAV of the underlying investments as calculated by an independent pricing service approved by the trustee of the fund. The NAV is published on a private market and represents the readily determinable fair value of the fund. There are no restrictions on the redemption of the investments. The Plan does not have any contractual obligations to further invest in any of the individual commingled pool funds. As such, these investments are classified as Level 2.

The preceding methods described may produce a fair value calculation which 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 investments at fair value, as of December 31, 2024 and 2023.

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 13,816	\$ -	\$ 13,816
Commingled pool funds	-	258,395,664	-	258,395,664
Mutual funds	14,252,651	-	-	14,252,651
Total Investments, at fair value	\$ 14,252,651	\$258,409,480	\$ -	\$272,662,131

December 31, 2023

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 12,769	\$ -	\$ 12,769
Commingled pool funds	-	263,967,948	-	263,967,948
Mutual funds	13,626,632	-	-	13,626,632
Total Investments, at fair value	\$ 13,626,632	\$263,980,717	\$ -	\$277,607,349

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

6. Plan Information Certified by the Trustee (Unaudited)

The Plan Sponsor has elected the method of annual reporting compliance permitted by 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. Accordingly, the Trustee, a qualified institution, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- a. Total investments as reflected in the statements of net assets available for plan benefits.
- b. Interest and dividends as reflected in the statements of changes in net assets available for plan benefits.
- c. Net depreciation or appreciation in fair value of investments as reflected in the statements of changes in net assets available for plan benefits.
- d. Total investments, as reflected in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024.
- e. Investment values disclosed in Note 5.

At the request of the Plan Sponsor, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

7. Accumulated Plan Benefits and Actuarial Assumptions

The following actuarial information is based on reports prepared by the Actuary. The actuarial present value of accumulated plan benefits is the present value of the participant's accrued benefits as of January 1, 2024, assuming participants will earn no additional credited service and will receive no future salary. Had the valuations been performed as of December 31, there would be no material differences.

December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits

Vested accumulated benefits:	
Participants currently receiving payments	\$ 112,355,855
Participants entitled to deferred benefits	65,244,323
Active participants	69,861,217
Total Vested Accumulated Benefits	247,461,395
Non-vested accumulated benefits	2,239,402
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 249,700,797

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits , beginning of year	\$ 294,641,185
Increase (decrease) during the year attributable to:	
Net benefits accumulated, including actuarial (gains) losses	9,280,812
Increase for interest due to the decrease in the discount period	12,631,357
Change in actuarial assumptions	(56,883,870)
Benefits paid	(9,968,687)
Net Decrease , during the year	(44,940,388)
Actuarial Present Value of Accumulated Plan Benefits , end of year	\$ 249,700,797

The present value of accumulated plan benefits as of January 1, 2024, included changes in actuarial assumptions from the prior valuation. The discount rate assumption was updated from 4.36% to 6.00% for consistency with the Company's expected return on plan assets. The Consumer Price Index was updated from 2.45% for 2023 to 2.80% for 2024.

The mortality assumption used the Pri-2012 Employee, Healthy Annuitant and Contingent Annuitant mortality tables for males and females without collar or amount adjustments with generational mortality improvements using Scale MP-2021.

Active and terminated vested participants are assumed to elect the following payment forms: 40% elect a single life annuity, 50% elect a 50% joint and survivor annuity and 10% elect a ten-year certain and continuous annuity.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for plan benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Party-in-Interest Transactions

Fidelity Management Trust Company, the Trustee, is a party-in-interest as defined by ERISA. The Trustee receives the Employer's contributions, makes investments through its investment advisor, and distributes the monies in accordance with the trust agreement at the direction provided by the retirement committee. Certain fees are also paid to the Trustee. Certain investments of the Plan are shares of funds managed by the Trustee and, therefore, these transactions are considered exempt party-in-interest transactions including the investments with Fidelity Institutional Asset Management.

STMicroelectronics, Inc. Retirement Plan

Notes to Financial Statements

10. Tax Status

The Plan obtained its latest determination letter on April 20, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended; however, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and the Plan continues to be tax-exempt. Therefore, no provision for federal or state income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Subsequent Events

The Plan's management has evaluated subsequent events through September 16, 2025, the date on which the financial statements were available to be issued and determined that no significant subsequent events have occurred requiring adjustments to the financial statements or disclosures.

Supplemental Schedule

STMicroelectronics, Inc. Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 04-2495946

Plan Number: 002

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds				
*	Fidelity Investments	Treasury Portfolio Class I	\$ 13,816	\$ 13,816
Total Money Market Funds			13,816	13,816
Mutual Funds				
*	Fidelity Investments	Extended Market Index Fund	11,198,521	14,252,651
Total Mutual Funds			11,198,521	14,252,651
Commingled Pool Funds				
*	Geode Capital Management Trust Company LLC	Spartan 500 Index	24,603,070	62,557,592
*	Fidelity Institutional Asset Management	Emerging Markets Debt	3,139,386	4,367,529
*	Fidelity Institutional Asset Management	Select Emerging Markets Equity	5,077,359	5,948,111
*	Fidelity Institutional Asset Management	Long Corporate A or Better	77,626,178	74,691,970
*	Fidelity Institutional Asset Management	Long Duration	36,257,166	39,692,688
*	Fidelity Institutional Asset Management	US REIT	5,618,507	8,998,788
*	Fidelity Institutional Asset Management	Select International Equity	5,925,496	11,674,158
*	Fidelity Institutional Asset Management	Select International Small Cap	1,699,418	3,102,497
*	Fidelity Institutional Asset Management	International Growth	2,496,386	4,148,378
*	Fidelity Institutional Asset Management	US Treasury Strips	65,360,846	43,213,953
Total Commingled Pool Funds			227,803,813	258,395,664
Total			\$ 239,016,149	\$ 272,662,131

* Party-in-interest for which a statutory exemption exist

Attachment to the 2024 Schedule SB (Form 5500)

**STMicroelectronics, Inc. Retirement Plan
EIN / PN: 04-2495946 / 002**

Schedule SB, Line 26a - Schedule of Active Participant Data

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2024¹

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total No.	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
Under 25																						
25 to 29																						
30 to 34					1																	1
35 to 39					11		3		2													16
40 to 44					14		12		4													30
45 to 49			2		21	200,871	10		15		14		1									63
50 to 54					16		14		28	188,418	30	212,192	10		1		1					100
55 to 59	1				11		18		19		12		15		7							83
60 to 64					4		11		11		15		22	203,333	6		12					81
65 to 69					2		3		4		3		4		3		3					22
70 & up									1		1						2					4
Total	1		2		80	205,261	71	190,419	84	175,287	75	198,387	52	195,956	17		18					400

¹Credited Service

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions for Funding Purposes

Valuation Interest Rates
(Minimum Required Contribution and
Maximum Deductible Contribution)

The January 1, 2024 full yield curve.

The effective rate resulting from the above rates
was 5.15%.

Mortality

Healthy participants

Section 430(h)(3) prescribed separate static
annuitant and nonannuitant mortality tables.

Salary Scale

2024	5.00%
2025	3.75%
2026+	3.50%

Withdrawal

Rates of withdrawal for included employees are
shown in the table below.

Percentage of employees expected to terminate
in one year:

<u>Age</u>	<u>Rates</u>
< 39	10.0%
40-43	7.5%
44-56	5.0%
57-62	7.5%
63+	10.0%

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions for Funding Purposes (continued)

Retirement Rates of retirement for eligible employees are shown in the table below for sample ages.

Percentage of employees expected to retire in one year:

<u>Age</u>	<u>Rates</u>
60-63	5%
64	15%
65	20%
66	30%
67	45%
68-69	25%
70	100%

Disability No disability incidence is assumed.

Percentage Married 80%

Spouse Age Difference Husbands are assumed to be 3 years older than wives.

Benefit Commencement for Terminated Vested Participants Terminated vested participants are assumed to commence benefits at age 65.

Benefit Forms Active and terminated vested participants are assumed to elect payment forms as follows: 40% elect a single life annuity, 50% elect a 50% Joint and Survivor Annuity, and 10% elect a 10-year Certain and Continuous Annuity. In the event of death of the member, beneficiaries (married or otherwise) are assumed to elect a 50% Joint and Survivor annuity.

Administrative Expenses \$800,000 for 2024.

IRS Section 415(b) Limits For 2024, the annual benefit limit is \$275,000.

Annual Compensation Limit For 2024, the annual compensation limit is \$345,000.

Increase in Consumer Price Index 2.80%

Increase in Social Security Taxable Wage Base 3.25%

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions for Funding Purposes (continued)

Changes from prior valuation

- For minimum funding purposes, the valuation interest rates changed from the January 1, 2023 full yield curve to the January 1, 2024 full yield curve in accordance with IRC Section 430(h).
- For funding purposes, the mortality rates were updated to the Section 430(h)(3) prescribed generational mortality tables for 2024.
- The increase in Consumer Price Index was updated from 2.45% to 2.80%.
- The salary scale assumption has been updated to 5.00% for 2024, 3.75% for 2025, and 3.50% thereafter.
- All other assumptions are consistent with those used in the prior year's valuation.

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

B. Assumptions Rationale

Valuation Interest Rate	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h).
Compensation Increases	The salary scale is based on management's expectations with respect to future salary increases as indicated by the client.
Retirement Rates	Retirement rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Withdrawal Rates	Withdrawal rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.
Disability	No disability is assumed as the termination due to disability is implicitly included in the retirement and withdrawal rates.
Marriage and Spouse Age Difference Assumptions	This assumption is set based on the plan sponsor's historical experience and expectations for future marriage patterns and spousal age differences. This assumption is not expected to generate material actuarial gains or losses.
Form of Payment	This assumption was based on best expectations given plan experience.

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

C. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of plan assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year.

2. Asset Valuation Method

The asset valuation method used as of January 1, 2024 is the average asset value as modified by the Worker, Retiree, and Employer Recovery Act of 2008 and described in IRS Notice 2009-22. The average asset value is an annual average of the market value of assets over the prior 2 years. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Section 420 of the Internal Revenue Code. The asset value includes contributions receivable for the prior plan year, discounted as applicable.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan STMICROELECTRONICS, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STMICROELECTRONICS, INC.		D Employer Identification Number (EIN) 04-2495946	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	277,607,403	
b Actuarial value	2b	302,434,391	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,271	119,832,807	119,832,807
b For terminated vested participants	1,470	72,968,709	72,968,709
c For active participants	400	77,826,531	77,826,531
d Total	3,141	270,628,047	270,628,047
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.15%	
6 Target normal cost			
a Present value of current plan year accruals	6a	9,713,347	
b Expected plan-related expenses	6b	800,000	
c Target normal cost	6c	10,513,347	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Amy Beert <i>AB</i>	04/29/2025
	Signature of actuary	Date
AMY M. BEERT		2307195
	Type or print name of actuary	Most recent enrollment number
PwC US Consulting LLP		214-999-1400
	Firm name	Telephone number (including area code)
2121 N PEARL ST		
DALLAS TX 75201		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	10,513,347
b Excess assets, if applicable, but not greater than line 31a		31b	10,513,347
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

Attachment to the 2023 Schedule SB (Form 5500)

**STMicroelectronics, Inc. Retirement Plan
EIN / PN: 04-2495946 / 002**

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted average retirement age calculation:

(a)			(b)	(c)
Retirement Age	Retirement Rates	Lives Remaining	Employees expected to retire, per 1,000 surviving actives	Weighted Retirement by Age (a) * (b)
60	0.05	950	50	3,000
61	0.05	903	47	2,867
62	0.05	858	45	2,790
63	0.05	815	43	2,709
64	0.15	693	122	7,808
65	0.20	554	139	9,035
66	0.30	388	166	10,956
67	0.45	213	175	11,725
68	0.25	160	53	3,604
69	0.25	120	40	2,760
70	1.00	0	120	8,400
Total:			1,000	65,654

Total of (c) / (b) = 65,654 / 1,000 = 65.65

Average retirement age (rounded) is 66.

Attachment to the 2024 Schedule SB (Form 5500)

**STMicroelectronics, Inc. Retirement Plan
EIN / PN: 04-2495946 / 002**

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 467,004	\$ 799,136	\$ 9,857,554	\$ 11,123,693
2025	\$ 1,109,093	\$ 1,382,253	\$ 9,680,460	\$ 12,171,806
2026	\$ 1,857,395	\$ 2,087,293	\$ 9,490,546	\$ 13,435,234
2027	\$ 2,531,017	\$ 2,879,035	\$ 9,287,417	\$ 14,697,469
2028	\$ 3,163,843	\$ 3,562,238	\$ 9,070,747	\$ 15,796,828
2029	\$ 3,764,618	\$ 4,293,549	\$ 8,839,373	\$ 16,897,540
2030	\$ 4,295,061	\$ 4,866,037	\$ 8,593,191	\$ 17,754,290
2031	\$ 4,744,423	\$ 5,466,044	\$ 8,332,175	\$ 18,542,643
2032	\$ 5,094,555	\$ 5,901,795	\$ 8,050,061	\$ 19,046,411
2033	\$ 5,438,718	\$ 6,227,909	\$ 7,753,592	\$ 19,420,218
2034	\$ 5,723,671	\$ 6,575,820	\$ 7,443,553	\$ 19,743,044
2035	\$ 5,929,322	\$ 6,861,098	\$ 7,120,648	\$ 19,911,068
2036	\$ 6,170,684	\$ 7,095,825	\$ 6,783,340	\$ 20,049,850
2037	\$ 6,365,426	\$ 7,341,502	\$ 6,432,598	\$ 20,139,526
2038	\$ 6,539,930	\$ 7,513,325	\$ 6,069,794	\$ 20,123,049
2039	\$ 6,636,313	\$ 7,583,646	\$ 5,696,695	\$ 19,916,654
2040	\$ 6,737,103	\$ 7,657,730	\$ 5,315,455	\$ 19,710,289
2041	\$ 6,774,424	\$ 7,660,958	\$ 4,928,624	\$ 19,364,006
2042	\$ 6,788,871	\$ 7,549,228	\$ 4,539,101	\$ 18,877,200
2043	\$ 6,746,822	\$ 7,427,373	\$ 4,150,061	\$ 18,324,256
2044	\$ 6,651,086	\$ 7,215,341	\$ 3,764,915	\$ 17,631,343
2045	\$ 6,519,893	\$ 7,003,653	\$ 3,387,240	\$ 16,910,786
2046	\$ 6,380,304	\$ 6,754,683	\$ 3,020,670	\$ 16,155,657
2047	\$ 6,216,275	\$ 6,476,533	\$ 2,668,798	\$ 15,361,606
2048	\$ 5,999,345	\$ 6,188,946	\$ 2,335,036	\$ 14,523,328
2049	\$ 5,795,575	\$ 5,884,176	\$ 2,022,470	\$ 13,702,221
2050	\$ 5,529,853	\$ 5,551,777	\$ 1,733,636	\$ 12,815,267
2051	\$ 5,283,525	\$ 5,210,089	\$ 1,470,380	\$ 11,963,994
2052	\$ 4,985,841	\$ 4,860,393	\$ 1,233,799	\$ 11,080,033
2053	\$ 4,686,700	\$ 4,508,903	\$ 1,024,184	\$ 10,219,788
2054	\$ 4,381,143	\$ 4,153,270	\$ 841,105	\$ 9,375,518
2055	\$ 4,073,516	\$ 3,798,193	\$ 683,471	\$ 8,555,181
2056	\$ 3,766,895	\$ 3,451,547	\$ 549,652	\$ 7,768,094
2057	\$ 3,467,626	\$ 3,114,404	\$ 437,617	\$ 7,019,647
2058	\$ 3,175,384	\$ 2,790,504	\$ 345,087	\$ 6,310,976
2059	\$ 2,889,348	\$ 2,481,132	\$ 269,678	\$ 5,640,157
2060	\$ 2,619,316	\$ 2,189,932	\$ 209,005	\$ 5,018,253
2061	\$ 2,358,285	\$ 1,918,500	\$ 160,786	\$ 4,437,571
2062	\$ 2,115,615	\$ 1,667,863	\$ 122,890	\$ 3,906,368
2063	\$ 1,886,863	\$ 1,438,572	\$ 93,413	\$ 3,418,848
2064	\$ 1,673,808	\$ 1,230,726	\$ 70,699	\$ 2,975,233
2065	\$ 1,476,316	\$ 1,044,050	\$ 53,340	\$ 2,573,706
2066	\$ 1,294,455	\$ 877,990	\$ 40,169	\$ 2,212,614
2067	\$ 1,127,785	\$ 731,717	\$ 30,229	\$ 1,889,732
2068	\$ 976,947	\$ 604,171	\$ 22,758	\$ 1,603,876
2069	\$ 841,036	\$ 494,126	\$ 17,154	\$ 1,352,316
2070	\$ 719,457	\$ 400,209	\$ 12,953	\$ 1,132,619
2071	\$ 611,458	\$ 320,946	\$ 9,801	\$ 942,205
2072	\$ 516,202	\$ 254,821	\$ 7,431	\$ 778,454
2073	\$ 432,785	\$ 200,297	\$ 5,640	\$ 638,723

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Summary of Plan Provisions

<u>Plan Name</u>	STMicroelectronics, Inc. Retirement Plan
<u>Plan Number</u>	04-2495946/002
<u>Plan Year</u>	January 1 to December 31.
<u>Effective Date</u>	July 1, 1994. Amended and restated effective January 1, 2006. Date of most recent amendment effective January 1, 2016.
<u>Covered Employees</u>	Employees, ages 18 and older, on the United States payroll who have completed one year of service in which they were credited 1,000 hours. Covered employees do not include: (i) non-U.S. citizens, (ii) members of collective bargaining units, (iii) employees covered under a foreign pension plan or maintained by a non participating employer, or (iv) employees of a division formed or acquired after July 1, 1994, unless the employer provides that these employees shall be eligible for participation in the plan. Employees hired on or after January 1, 2016 are not eligible to participate in the plan.
<u>Participation Date</u>	Date of becoming a covered employee.
<u>Vesting Service</u>	All years of service from the later of U.S. date of hire or January 1, 1988. An employee is credited with one year of vesting service for each full year in which he/she is credited with at least 1,000 hours of service.
<u>Credited Service</u>	All completed months of service from later of date of hire or January 1, 1988.
<u>Pensionable Pay</u>	Base pay plus overtime plus elective deferrals under the 401(k) savings plan or a Section 125 plan. Pensionable pay does not include bonuses, commissions, shift premiums, allowances, fringe benefits or any other form of remuneration.
<u>Final Average Compensation</u>	The highest average monthly rate of compensation for three consecutive calendar years out of the last five completed calendar years.
<u>Monthly Covered Compensation</u>	One-twelfth of the covered compensation defined by Internal Revenue Code Section 401(I)(5)(E).

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Summary of Plan Provisions

<u>Normal Retirement Date (NRD)</u>	First of month coincident with or next following the attainment of age 65 and 5 years of participation service.
<u>Monthly Pension Benefit</u>	The sum of (A) and (B) to the date of determination. (A) 0.6% of final average monthly earnings multiplied by years of credited service. (B) 0.6% of final average monthly earnings in excess of the applicable monthly covered compensation multiplied by years of credited service up to 35.
<u>Monthly Pre-Retirement Benefit</u>	At the election of the participant, the spouse or non-spouse beneficiary of an active or terminated vested participant who dies prior to his pension commencement date may receive a benefit equal to 50% of the vested accrued benefit to which the participant would have been entitled had he terminated on the day immediately preceding his death and elected to receive his pension in the form of a 50% qualified joint and survivor annuity option commencing on any date coincident with or following the participant's earliest commencement date.
<u>Normal Retirement</u>	Retire on NRD.
<u>Early Retirement</u>	Retire before NRD and on or after attaining age 55 and completing 10 years of vesting service.
<u>Postponed Retirement</u>	Retire after NRD.
<u>Disability Retirement</u>	None.
<u>Deferred Vested</u>	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
<u>Pre-Retirement Benefits</u>	Die after electing coverage while eligible for deferred vested, early, normal or postponed retirement benefits with a surviving spouse or non-spouse beneficiary. Participants pay for this coverage after termination before commencement through a reduction in the accrued benefit.
<u>Normal Retirement Benefit</u>	Monthly Pension Benefit determined as of NRD.

Attachment to the 2024 Schedule SB (Form 5500)

STMicronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Benefit

Monthly pension benefit accrued as of early retirement date, reduced as follows for each year to age 55, payable immediately:

<u>Years Prior to NRD</u>	<u>Reduction Factor</u>
0	100.0%
1	93.3%
2	86.7%
3	80.0%
4	73.3%
5	66.7%
6	63.3%
7	60.0%
8	56.7%
9	53.3%
10	50.0%

Postponed Retirement Benefit

The greater of (i) the normal retirement benefit calculated using credited service and final average monthly earnings as of the late retirement date or (ii) the actuarial equivalent of the participant's normal retirement benefit as of the late retirement date.

Disability Retirement Benefit

None.

**Termination with Deferred
Vested Benefit**

Monthly pension determined as of termination date, payable at NRD. A participant who is not yet eligible for early retirement, but has 10 years of vesting service may commence benefits prior to NRD, with an actuarially reduced monthly pension benefit. The participant's benefit may also be reduced to provide a death benefit for the period between termination and the date retirement payments commence.

**Death with Pre-Retirement
Spouse Benefit**

Monthly preretirement spouse or non-spouse beneficiary benefit is payable at the participant's earliest retirement date.

Benefits Not Valued

Pre-retirement death benefits for terminated vested participants were not valued as it was assumed that the accrued benefit reductions offset the cost of the pre-retirement survivor coverage.

Attachment to the 2024 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Part V - Summary of Plan Provisions

Forms of Payment

For those participants with a qualified spouse at retirement, without a waiver benefits must be paid in the form of a 50% joint and survivor annuity. Married participants may also choose a 75% or 100% joint and survivor annuity without obtaining spousal consent. Single participants and married participants with spousal consent have the following options:

- (a) life annuity; or
- (b) ten-year certain and life annuity.

Changes Since Last Valuation

None.

STMicroelectronics, Inc. Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 04-2495946

Plan Number: 002

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds				
*	Fidelity Investments	Treasury Portfolio Class I	\$ 13,816	\$ 13,816
Total Money Market Funds			13,816	13,816
Mutual Funds				
*	Fidelity Investments	Extended Market Index Fund	11,198,521	14,252,651
Total Mutual Funds			11,198,521	14,252,651
Commingled Pool Funds				
*	Geode Capital Management Trust Company LLC	Spartan 500 Index	24,603,070	62,557,592
*	Fidelity Institutional Asset Management	Emerging Markets Debt	3,139,386	4,367,529
*	Fidelity Institutional Asset Management	Select Emerging Markets Equity	5,077,359	5,948,111
*	Fidelity Institutional Asset Management	Long Corporate A or Better	77,626,178	74,691,970
*	Fidelity Institutional Asset Management	Long Duration	36,257,166	39,692,688
*	Fidelity Institutional Asset Management	US REIT	5,618,507	8,998,788
*	Fidelity Institutional Asset Management	Select International Equity	5,925,496	11,674,158
*	Fidelity Institutional Asset Management	Select International Small Cap	1,699,418	3,102,497
*	Fidelity Institutional Asset Management	International Growth	2,496,386	4,148,378
*	Fidelity Institutional Asset Management	US Treasury Strips	65,360,846	43,213,953
Total Commingled Pool Funds			227,803,813	258,395,664
Total			\$ 239,016,149	\$ 272,662,131

* Party-in-interest for which a statutory exemption exist

Attachment to the 2023 Schedule SB (Form 5500)

STMicroelectronics, Inc. Retirement Plan

EIN / PN: 04-2495946 / 002

Schedule SB, Line 24 - Change in Actuarial Assumptions

- The increase in Consumer Price Index was updated from 2.25% to 2.45%.
- The increase in Social Security Taxable Wage Base was updated from 3.00% to 3.25%
- The salary scale assumption has been updated to 5.00% for 2023, 3.75% for 2024, and 3.50% thereafter.
- The turnover and retirement assumptions were updated based on the results of the 2022 experience study.
- The administrative expense load was changed from \$800,000 to \$700,000.

The assumptions were updated to reflect the plan sponsor's best estimate of each assumption as of the measurement date.