

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GSK 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GLAXOSMITHKLINE LLC FMC TOWER AT CIRA CENTRE SOUTH 2929 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19104
2b	Employer Identification Number (EIN) 23-1099050
2c	Plan Sponsor's telephone number 215-751-4908
2d	Business code (see instructions) 325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/02/2026	MAUREEN EPSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor GLAXOSMITHKLINE LLC 410 BLACKWELL STREET DURHAM, NC 27701	3b Administrator's EIN 23-1099050 3c Administrator's telephone number 215-751-4908 																				
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 21762																				
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.....	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">12165</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">11992</td></tr> <tr><td>6b</td><td style="text-align: right;">42</td></tr> <tr><td>6c</td><td style="text-align: right;">9277</td></tr> <tr><td>6d</td><td style="text-align: right;">21311</td></tr> <tr><td>6e</td><td style="text-align: right;">41</td></tr> <tr><td>6f</td><td style="text-align: right;">21352</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">21718</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">21339</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	12165	6a(2)	11992	6b	42	6c	9277	6d	21311	6e	41	6f	21352	6g(1)	21718	6g(2)	21339	6h	0
6a(1)	12165																				
6a(2)	11992																				
6b	42																				
6c	9277																				
6d	21311																				
6e	41																				
6f	21352																				
6g(1)	21718																				
6g(2)	21339																				
6h	0																				
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2O 2T 3F 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GSK 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GLAXOSMITHKLINE LLC	D Employer Identification Number (EIN) 23-1099050	

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
BLACKROCK ADVISORS LLC
94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH AND MANAGEMENT CO
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
METROPOLITAN WEST ASSET MGMT,LLC
95-3703295

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

SEI TRUST COMPANY

06-1271230

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

T. ROWE PRICE

52-1309931

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

TCW INVESTMENT MANAGEMENT COMPANY

95-3703295

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

ALIGHT FINANCIAL ADVISORS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	3684591	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	2351784	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BLACKROCK ADVISORS LLC

94-3112180

(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?
21 50 24 51 28	NONE	1137334	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50 62 51 63	TRUSTEE	652222	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GSAM STABLE VALUE, LLC

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	329609	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan GSK 401(K) PLAN	B Three-digit plan number (PN) ►	002
--	---	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GLAXOSMITHKLINE LLC	D Employer Identification Number (EIN) 23-1099050
---	---

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

a Name of MTIA, CCT, PSA, or 103-12 IE: GOVT SHORT-TERM INVESTMENT FUND M

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 81-3502160-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256422883
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GSAM STABLE VAL INT CORE FUND CL B

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA

c EIN-PN 20-4742534-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172225465
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2500 ALPHA TILTS- FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 83-4531539-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397921908
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL ALL CAP EQ EX-US INDEX

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

c EIN-PN 90-0337987-299	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 998776049
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST US EXT MKT IND NL SF CL C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-330	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731042921
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 IND NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-097	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2996695194
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US BOND IND NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-177	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 577596173
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:		TWC MULTIPLE INVESTMENT TRUST	
b Name of sponsor of entity listed in (a):		SEI TRUST COMPANY	
c EIN-PN	26-3015340-030	d Entity code	C 100890239
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET INC TRUST SELCT	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6930815-001	d Entity code	C 80497434
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2020 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6935530-001	d Entity code	C 105979815
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2025 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6938034-001	d Entity code	C 196485891
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2030 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6938065-001	d Entity code	C 399259026
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2035 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6941311-001	d Entity code	C 334894763
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2040 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6941351-001	d Entity code	C 399866354
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2045 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6944355-001	d Entity code	C 308530539
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2050 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6944390-001	d Entity code	C 231187933
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RET 2055 TRUST SEL	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	47-6948719-001	d Entity code	C 177266837

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123865341

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6200492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38571014

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2070 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 88-6098744-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8454837

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2024		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA		
c EIN-PN 84-3842960-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1899740

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2025		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA		
c EIN-PN 85-3895732-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21575762

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2026		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA		
c EIN-PN 87-3738069-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21765420

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2027		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA		
c EIN-PN 88-4279844-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23215888

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2028		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY, NA		
c EIN-PN 93-4136622-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16683167

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GSK 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GLAXOSMITHKLINE LLC		D Employer Identification Number (EIN) 23-1099050

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15512210	15654271
(2) Participant contributions.....	1b(2)	8135853	8539294
(3) Other	1b(3)	4908032	8118075
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	526415771	574387499
(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)	27519481	28453564
(9) Value of interest in common/collective trusts	1c(9)	7640417482	8636430616
(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)	79212914	85139977
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	226382584	295743313
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	23953098	13521583

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	239533600	311727076
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8791991025	9977715268

Liabilities

1g Benefit claims payable	1g	290735	2350926
1h Operating payables	1h	14455	1066038
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1099190	1450352
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	1404380	4867316

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	8790586645	9972847952
--	-----------	------------	------------

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)	256554269	
(B) Participants	2a(1)(B)	209613994	
(C) Others (including rollovers)	2a(1)(C)	37538469	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		503706732
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	2269026	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2269026
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	21802297	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11677621	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		33479918
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	172610381	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	113910638	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		58699743
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	96414310	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		96414310

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1282648889
(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)		2275426
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		36894125
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2016388169

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	825983467	
(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)		825983467
f Corrective distributions (see instructions)	2f		24810
g Certain deemed distributions of participant loans (see instructions)	2g		-36956
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3554480	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4467743	
(6) Bank or trust company trustee/custodial fees	2i(6)	3207	
(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)	130111	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8155541
j Total expenses. Add all expense amounts in column (b) and enter total	2j		834126862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1182261307
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GSK 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GLAXOSMITHKLINE LLC		D Employer Identification Number (EIN) 23-1099050
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		☐ Yes ☒ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☒ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% 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_____.

GSK 401(k) Plan

**Financial Statements as of December 31, 2025 and
2024 and for the Year Ended December 31, 2025 and
Supplemental Schedule as of December 31, 2025**

Report of Independent Registered Public Accounting Firm	Page(s) 1-2
Financial Statements	
Statements of Net Assets Available for Benefits As of December 31, 2025 and 2024...	3
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2025 ...	4
Notes to Financial Statements As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025	5-15
Supplemental Schedule*	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2025...	16-18

*Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted, because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of GSK 401(k) Plan

Opinion

We have audited the financial statements of GSK 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

June 10, 2026

GSK 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	\$ 9,646,063,039	\$ 8,459,934,366
Fully benefit responsive investment contracts at contract value	270,887,025	275,981,083
Total investments	<u>9,916,950,064</u>	<u>8,735,915,449</u>
Receivables		
Employer contributions	15,654,271	15,512,210
Participant contributions	8,539,294	8,135,853
Dividends and interest	6,283,392	4,908,032
Receivables for securities sold	1,834,683	—
Participant loans receivable	28,596,252	27,699,125
Total receivables	<u>60,907,892</u>	<u>56,255,220</u>
Total assets	<u>9,977,857,956</u>	<u>8,792,170,669</u>
Liabilities		
Accrued investment management fees	1,450,352	1,099,190
Payables for securities purchased	1,066,038	14,455
Total liabilities	<u>2,516,390</u>	<u>1,113,645</u>
Net assets available for benefits	<u>\$ 9,975,341,566</u>	<u>\$ 8,791,057,024</u>

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

GSK 401(k) Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2025

2025

Additions to net assets attributed to

Investment income

Interest income	\$ 8,131,007
Dividend income	44,271,375
Net appreciation in fair value of investments	1,460,279,055
Total investment income	<u>1,512,681,437</u>

Contributions

Rollover	37,538,469
Participant	209,613,994
Employer	256,554,269
Total contributions	<u>503,706,732</u>
Total additions	<u>2,016,388,169</u>

Deductions from net assets attributed to

Benefits paid to participants	823,948,086
Administrative expenses and investment management fees	8,155,541
Total deductions	<u>832,103,627</u>
Net increase in net assets	<u>1,184,284,542</u>

Net assets available for benefits

Beginning of year	<u>8,791,057,024</u>
End of year	<u><u>\$ 9,975,341,566</u></u>

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

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

1. Description of the Plan

The following description of the GSK 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document or the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan sponsored by GlaxoSmithKline LLC (“GSK” or the “Company”). The Plan was established to encourage and assist Company employees to save regularly for retirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Under the terms of the Plan, eligible employees with one hour of credited service may voluntarily elect to contribute pre-tax and/or Roth 401(k) contributions, which combined can range from 1% to 50% of their eligible compensation. Participants who have attained age 50 before the end of the Plan’s year are also eligible to make catch-up contributions. Participants may also contribute amounts, representing distributions from other qualified retirement plans or individual retirement accounts, subject to the terms of the Plan. Participants may direct the investment of their contributions into various investment options offered by the Plan and may change those options at any time during the year.

Effective January 1, 2021, the Company makes contributions to the accounts of employees with one hour of credited service. The Company makes contributions to the accounts of employees in two ways. GSK will match up to 100% of the first 4% of the employee’s combined pre-tax and/or Roth 401(k) contributions not in excess of 4% of the employee’s eligible compensation as defined by the Plan. Additionally, the Company provides for GSK core contributions of 7% of eligible employee compensation, regardless of whether the employee voluntarily contributes to the Plan. Participants decide how to invest the Company contributions into the various investment options offered by the Plan and may change those options at any time during the year.

During 2025 the total amount of the employee and employer contributions was \$503,706,732 which includes rollover contributions of \$37,538,469.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, Company matching contributions, GSK core contributions and investment earnings or losses as applicable and charged with fees as applicable. The earnings on investments are allocated daily to the individual accounts of participants. These allocations are based on each participant’s relative interest in the fair value of the assets held in each fund, except for dividends and unrealized appreciation and depreciation on the GSK American Depositary Receipts (ADRs), as held in the GSK Stock Fund (the “GSK Stock Fund”), which are allocated based upon the number of units held in the individual accounts of participants. The benefit, to which a participant is entitled, is the benefit that can be provided from the participant’s vested account. The Plan’s investments include the GSK Stock Fund. The GSK Stock Fund is comprised of GSK ADRs. Each ADR represents two ordinary shares of GSK plc. In addition, the GSK Stock Fund holds a small percentage invested in the State Street Institutional Treasury Money Market Fund, managed by State Street Investment Management (SSIM) for liquidity.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Nonparticipant-Directed Investments

If a participant does not designate an investment direction, their future contributions and earnings will be invested in the age-appropriate Vanguard Target Retirement Trust Select fund closest to the year that the participant turns age 65. The participant can change this future investment direction as well as transfer any accumulated holdings to any other fund in the Plan at any time.

Vesting

Participants are immediately and fully vested in their participant contributions, GSK matching contributions and GSK core contributions plus actual earnings thereon.

Payment of Benefits

Participants become entitled to payment of the total value of their accounts at the time of termination, retirement, disability, or death. If the participant account balance is less than \$7,000, payment is in the form of an immediate lump sum distribution of cash or if invested in the GSK Stock Fund those distributions may be made in GSK ADRs. The GSK Stock Fund invests in GSK ADRs listed on the New York Stock Exchange representing two ordinary shares of GSK plc. Participants with balances greater than \$1,000 but less than \$7,000 may have the value of their account rolled over to an Individual Retirement Account (IRA) or Roth IRA in their name with Merrill Lynch Wealth Management, and invested in an interest-bearing cash account.

If the account balance is greater than \$7,000, participants have the option of electing (1) up to four partial distributions each year from their account balance; (2) a total distribution of their account balance as annual installments over a period not exceeding 20 years, or as a lump sum distribution of cash or if invested in the GSK Stock Fund those distributions may be made in GSK ADRs. Required minimum distributions begin at age 73.

During employment, participants may withdraw participant rollover contributions, Roth rollover contributions, after-tax contributions, after-tax earnings and prior employer contributions at any age. After the age of 59-1/2, participants may also withdraw their pre-tax and Roth 401(k) contributions at any time.

Prior to age 59-1/2, participant pre-tax and Roth 401(k) contributions may only be withdrawn in the event of financial hardship and then only after the withdrawal of the value of all participant after-tax contributions, prior employer contributions and rollover contributions.

Participant Loans Receivable

Participants may borrow from their vested fund accounts a minimum loan amount of \$1,000 up to a maximum loan amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as transfers from the applicable investment option to the participant loans receivable. Loan terms range from 1-5 years, or up to 15 years for the purchase of a primary residence.

The loans are collateralized by the balance in the participant's account and bear interest at a rate equal to the prime rate plus 1% as of the initial date of the loan, as determined by the Plan's administrator. Principal and interest are paid ratably through semi-monthly payroll deductions. Participants must pay a one-time loan processing fee of \$50.

Loans outstanding at December 31, 2025 have interest rates ranging from 4.25% to 9.5% with maturity dates from 2026 to 2042. Loans outstanding at December 31, 2024 had interest rates ranging from 4.25% to 9.5% with maturity dates from 2025 to 2044. Loan maturities beyond 15 years relate to loans transferred in as a result of the Human Genome Sciences Plan merger in 2013, Novartis Corporation Investment Savings Plan in 2016, the Tesaro Plan in 2020 and the Affinivax Plan in 2023.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Participant loans receivable are valued at unpaid principal plus accrued interest, but not paid interest, which approximates fair value. Participant loans are also considered party-in-interest transactions.

Administrative Expenses

Investment management fees are borne by Plan participants. Investment management fees for certain funds are recorded as Administrative Expenses and Investment Management Fees in the Statement of Changes in Net Assets Available for Benefits. Other investment management fees are deducted from the respective fund investment returns. Those participants who elect to use Alight Financial Advisors (AFA) Professional Management to manage their 401(k) investments pay a monthly fee in arrears to AFA for this service which are deducted from participant accounts. Certain administrative functions are performed by officers or employees of the Company and its affiliates. No such officer or employee receives compensation from the Plan. Other administrative expenses of the Plan are paid by the Company.

In addition to the Administrative Expenses and Investment Management Fees borne by Plan participants, during the year ended December 31, 2025 the Company paid administrative expenses of \$2,364,982 on behalf of the Plan. This includes the amount of \$391,506 for custody fees and \$45,473 for benefits processing paid to State Street Bank and Trust Company, the Trustee and custodian for GSK 401(k) Plan.

2. Summary of Significant Accounting Policies and Recent Accounting Pronouncements

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and differences could be material.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as defined by FASB Accounting Standards Codification (ASC) 820, except for synthetic guaranteed investment contracts that are stated at contract value. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and contract issuers.

The following is a description of the valuation methodologies used for the investments measured at fair value. There have been no changes in methodologies as of December 31, 2025 and 2024.

- Common stock: valued at the closing price reported on the active market on which the individual security is traded.
- Common collective trust and collective investment trust funds: valued at the net asset value of units of a collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

• Money market fund and mutual funds: valued at the daily closing price as reported by the fund. These funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. These funds held by the Plan are deemed to be actively traded.

The measurement methods as described above may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 Plan provides participants various investment options, some of which are separately managed accounts. Separately managed accounts represent a portfolio of individual securities that are managed by professional investment managers appointed by Plan management. Unlike a mutual fund or common collective trust fund, the Plan directly owns the individual underlying securities instead of pooling the assets with other investors. The individual assets of separately managed accounts are held in the name of the Plan and are generally considered separately as individual investments for accounting, auditing and financial statement reporting purposes.

Included in the investment options are the following separately managed accounts for which the underlying investments are listed individually on Form 5500, Schedule H, line 4i:

- GSK Stock Fund
- Dodge & Cox Large Cap US Equity Fund

The underlying of the separately managed accounts represent common stocks and money market funds as described above and disclosed in Note 4.

The Plan also offers a separately managed Stable Value Fund (SVF) investment option which includes fully benefit responsive synthetic Guaranteed Investment Contracts (GICs). The underlying synthetic GICs are presented at contract value. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The SVF invests in synthetic GICs and a diversified portfolio of high-quality fixed income securities including money market funds, limited partnership funds, and common collective trust funds. The synthetic GICs issued by insurance companies and other financial institutions are designed to help preserve principal and provide a stable crediting rate. The crediting rate for synthetic GICs is based on a formula agreed upon with the issuer in the contract and is guaranteed by the issuer not to fall below zero. These contracts also provide that participant-initiated withdrawals, permitted by the Plan, will be paid at contract value. A wrapper contract provides that realized and unrealized gains and losses on the underlying fixed income portfolio are not reflected immediately in the net assets of the fund, but rather are amortized over the duration of the underlying assets through adjustments to the future interest crediting rate. Primary variables impacting future crediting rates of the investment contract include the current yield, duration, and existing difference between market and contract value of the underlying assets within the wrap contract.

The underlying investments of the synthetic contracts are listed individually on Form 5500, Schedule H, line 4i. See Note 3 for further information on the synthetic GICs.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recognized as earned. Dividend income is recorded on the ex-dividend date.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net appreciation in the fair value of its investments, which includes realized gains and losses and unrealized appreciation and depreciation.

Benefits Paid to Participants

Benefits paid to participants from participants' accounts are recorded when paid.

3. Synthetic Guaranteed Investment Contracts

The Plan provides participants a self-managed SVF investment option. The Plan owns 100% of the underlying assets of the SVF, which includes fully benefit-responsive synthetic GICs, a bank common collective trust and a money market fund. The synthetic GICs are at contract value and the common collective trust fund and money market fund are at fair value as disclosed in the Investment Valuation section of Note 2.

Synthetic GICs are agreements with high quality banks and insurance companies which are designed to help preserve principal and provide a stable crediting rate. The synthetic GICs are fully benefit responsive and provide that all participant initiated withdrawals permitted under the Plan will be paid at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

A synthetic investment contract includes a wrapper contract, which is an agreement from the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances.

Certain events may limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different for each contract. Examples of such events include (1) communication to Plan participants which may induce participants to make a withdrawal from the SVF, (2) equity wash provisions are not followed, (3) other Plan sponsor events (for example, a group layoff, an early retirement incentive or spin-offs of the Plan) that cause a significant withdrawal from the Plan, (4) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (IRC) or the failure of the Plan to be tax-exempt under Section 501(a) of the IRC or (5) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan).

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include (1) termination or replacement (or "change in control" as defined in the contract) of the investment adviser without the issuer's consent, (2) if a security is sold or subject to a lien other than as permitted under the contract, (3) the contract holder engages in fraud or other bad faith that in some cases must also have materially and adversely affected the risk profile of the contract, (4) a material amendment to the agreements without consent of the issuer, (5) failure to be exempt from federal income taxation, or (6) the Plan merges with another plan.

Automatic termination of the wrap contract will occur if the contract value equals zero; the contracts may also be terminated in the event of a default by the issuer. The Plan's ability to receive amounts due in accordance with fully benefit responsive investment contracts is

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Participant initiated withdrawals permitted under the Plan are paid at contract value. Any event that is employer initiated could result in withdrawal at market value (which may be significantly less than contract value). If the assets were transferred to another synthetic contract within the Plan's synthetic guaranteed investment contract portfolio, the market value to contract value loss in existence on the termination date, if any, would be transferred to the new contract and the loss would be amortized through future crediting resets.

There are three synthetic GICs included in the Plan. These are provided by The Prudential Insurance Company of America, Metropolitan Tower Life Insurance Company, and Voya Financial.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. To increase consistency and comparability in fair value measurements and related disclosures, the Plan utilizes the fair valuation hierarchy required by FASB ASC 820-10 which prioritizes the inputs to valuation techniques and to measure fair value into the following three broad levels:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date (i.e. common stocks and mutual funds).
- Level 2 Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active (i.e. common collective trust funds).
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Assets at Fair Value as of December 31, 2025				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 886,114,575	\$ —	\$ —	\$ 886,114,575
Money market fund	24,377,191	—	—	24,377,191
Mutual funds	271,366,122	—	—	271,366,122
	<u>1,181,857,888</u>	<u>—</u>	<u>—</u>	<u>1,181,857,888</u>
Investments measured at net asset value as a practical expedient (a)	—	—	—	8,464,205,151
	<u>\$ 1,181,857,888</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 9,646,063,039</u>

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 765,949,371	\$ —	\$ —	\$ 765,949,371
Money market fund	15,180,388	—	—	15,180,388
Mutual funds	211,202,196	—	—	211,202,196
	<u>992,331,955</u>	<u>—</u>	<u>—</u>	<u>992,331,955</u>
Investments measured at net asset value as a practical expedient (a)	—	—	—	7,467,602,411
	<u>\$ 992,331,955</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 8,459,934,366</u>

(a) Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2025 and 2024, respectively.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
State Street Investment Management Funds	\$ 5,304,110,337	n/a	Daily	8:30am EST on T+1 for participant-directed redemptions. In accordance with the relevant Declaration of Trust for the Commingled Funds, SSIM requests emailed notice 15 days in advance of Trade Date for all plan-directed contributions or redemptions that are of significant size, as determined by SSIM in its sole discretion.
Vanguard Target Retirement Trust Select	2,404,859,784	n/a	Daily subject to frequent trading provisions	12 months
BlackRock Russell 2500 Alpha Tilts – Fund F	397,921,908	n/a	Daily	T-2 by 11:30AM ET
MetWest Total Return Bond Fund (CIT) Class C	100,890,239	n/a	Daily	If a plan's redemption is for more than 20% of their assets in the fund then the notice period is 5 business days. Advance notice is not required for redemptions that are less than 20% of their assets
BlackRock Government Short Term Investment Fund	256,422,883	n/a	Daily	There are no restrictions for participants to trade commingled trust funds. Consistent with DC industry standards, the collective funds offer daily liquidity with same-day notification. Regarding plan-level liquidity, we offer daily liquidity but, as a courtesy, we request advance notice prior to large Plan-level redemptions. More specifically, the standard for DC participant directed activity is to receive orders on T+1 (the business day following trade date), providing the unit value of T (trade date), with settlement on T+1. These orders are typically received via the plan's intermediaries (e.g., recordkeeper, trustee, etc.). BlackRock Trust Company maintains trading agreements with these intermediaries that establishes T+1 notification deadlines and proper internal controls and procedures. In the event of Plan (non-participant) directed activity, into or out of the commingled trust funds, BlackRock requests the Plan trustee to provide thirty (30) days advance notification in order to allow for coordination of order placement, trading, and specification of settlement dates.
Total December 31, 2025	<u>\$ 8,464,205,151</u>			

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
State Street Global Advisors Funds	\$ 4,639,674,999	n/a	Daily	8:30am EST on T+1 for participant-directed redemptions. In accordance with the relevant Declaration of Trust for the Commingled Funds, SSGA requests emailed notice 15 days in advance of Trade Date for all plan-directed contributions or redemptions that are of significant size, as determined by SSGA in its sole discretion.
Vanguard Target Retirement Trust Select	2,138,206,463	n/a	Daily subject to frequent trading provisions	12 months
BlackRock Russell 2500 Alpha Tilts – Fund F	383,570,698	n/a	Daily	T-2 by 11:30AM ET
MetWest Total Return Bond Fund (CIT) Class C	79,567,717	n/a	Daily	If a plan's redemption is for more than 20% of their assets in the fund then the notice period is 5 business days. Advance notice is not required for redemptions that are less than 20% of their assets
BlackRock Government Short Term Investment Fund	226,582,534	n/a	Daily	There are no restrictions for participants to trade commingled trust funds. Consistent with DC industry standards, the collective funds offer daily liquidity with same-day notification. Regarding plan-level liquidity, we offer daily liquidity but, as a courtesy, we request advance notice prior to large Plan-level redemptions. More specifically, the standard for DC participant directed activity is to receive orders on T+1 (the business day following trade date), providing the unit value of T (trade date), with settlement on T+1. These orders are typically received via the plan's intermediaries (e.g., recordkeeper, trustee, etc.). BlackRock Trust Company maintains trading agreements with these intermediaries that establishes T+1 notification deadlines and proper internal controls and procedures. In the event of Plan (non-participant) directed activity, into or out of the commingled trust funds, BlackRock requests the Plan trustee to provide thirty (30) days advance notification in order to allow for coordination of order placement, trading, and specification of settlement dates.
Total December 31, 2024	\$ 7,467,602,411			

*State Street Global Advisor Funds includes 4 funds (for 2025, see individual funds as listed in attached Schedule H, line 4i – Schedule of Assets Held – Common Collective Trust Section).

***Vanguard Target Retirement Trust Select includes 12 funds (for 2025, see individual funds as listed in attached Schedule H, line 4i – Schedule of Assets Held – Common Collective Trust Section).

5. Related Party and Party in Interest Transactions

Certain Plan investments are common collective trust funds and mutual funds managed by SSIM, an investment management division of the Trustee and custodian of the Plan, and therefore related transactions and expenses qualify as party-in-interest transactions.

During the year ended December 31, 2025, the Plan purchased \$71,174,771 and sold \$103,244,193 of the GSK Stock Fund, which included purchases of \$19,079,463 and sales of \$51,235,141 of GSK ADRs and received GSK ADRs dividends of \$10,887,291.

During the year ended December 31, 2025, Dodge & Cox Large Cap US Equity purchased \$221,656,137 and sold \$236,214,701 of various equities on behalf of the Plan, which included purchases of \$2,065,163 and sales of \$2,461,651 of GSK ADRs and received GSK ADRs dividends of \$460,717. Fees paid by the Plan to Dodge & Cox Large Cap US Equity for investment management services were \$2,351,784 for 2025.

The stable value fund is a customized separately managed fund held by Goldman Sachs, therefore, transactions with Goldman Sachs qualify as party-in-interest transactions. Fees paid by the Plan to Goldman Sachs for investment management services were \$329,609 for 2025.

The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan Document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 16, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 9,975,341,566	\$ 8,791,057,024
Amounts allocated to withdrawing participants	(2,350,926)	(290,735)
Deemed distributions adjustment	<u>(142,688)</u>	<u>(179,644)</u>
Net assets available for benefits per Form 5500, Schedule H	<u>\$ 9,972,847,952</u>	<u>\$ 8,790,586,645</u>

The following is a reconciliation the change in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2025:

	2025
Net increase in net assets available for benefits per financial statements	\$ 1,184,284,542
Amounts allocated to withdrawing participants in 2025	(2,350,926)
Amounts allocated to withdrawing participants in 2024	290,735
Current year deemed distributions	(142,688)
Prior year deemed distributions	179,644
Net increase in net assets available for benefits per Form 5500, Schedule H	<u>\$ 1,182,261,307</u>

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2025 to Form 5500:

	2025
Benefits paid to participants per the financial statements	\$ 823,948,086
Amounts allocated to withdrawing participants at December 31, 2025	2,350,926
Amounts allocated to withdrawing participants at December 31, 2024	(290,735)
Benefits paid to participants per Form 5500, Schedule H (2e, 2g)	<u>\$ 826,008,277</u>

9. Risks and Uncertainties

The Plan invests in various investment options. These investment options 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 reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Included in investments at December 31, 2025 and 2024, are shares of GSK's common stock with an aggregate value of \$311,727,076 and \$239,533,600 respectively. This investment represents 3.12 percent and 2.72 percent of net assets available for benefits at December 31, 2025 and 2024, respectively. A change in the market value of GSK's stock would affect the net assets available for benefits.

As of December 31, 2025 and 2024, the following investments represent 5.0 percent or more of the net assets available for benefits:

2025

Investment	Fair Value of Investment
State Street S&P 500 Index Non-Lending Series Fund (Class A)	\$ 2,996,695,194
SSGA Global All cap Equity ex- US Index Fund (NL – Class A)	998,776,049
State Street US Extended Market Index Non-Lending Series Fund (Class C)	731,042,921
State Street US Bond Index Non-Lending Series Fund (Class A)	577,596,173

2024

Investment	Fair Value of Investment
State Street S&P 500 Index Non-Lending Series Fund (Class A)	\$ 2,710,407,194
SSGA Global All cap Equity ex- US Index Fund (NL – Class A)	763,615,692
State Street US Extended Market Index Non-Lending Series Fund (Class C)	681,273,387
State Street US Bond Index Non-Lending Series Fund (Class A)	484,378,726

There are no other individual investments that represent more than 5.0 percent of the net assets available for benefits at December 31, 2025 and 2024.

GSK 401(k) Plan

Notes to Financial Statements

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

10. Subsequent Events

On March 31, 2026, Samsung Biologics completed the acquisition of GSK's Rockville, Maryland manufacturing facility. Approximately 500 employees were terminated by GSK on March 30, 2026 and retained by Samsung Biologics effective March 31, 2026.

Subsequent events were evaluated through June 10, 2026, the date the financial statements were issued.

Supplemental Schedule

GSK 401(k) Plan

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

December 31, 2025

Plan Number (PN): 002

EIN: 23-1099050

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower Lessor or Similar	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Fair Value
	T Rowe Price Blue Chip Growth Fund I	Mutual fund	**	\$ 182,469,929.00
	American Funds Europacific Growth— Class R6	Mutual fund	**	88,896,193
*	State Street Institutional Treasury Money Market Fund (Premier Share Class)	Money market fund	***	24,377,191
				295,743,313
	BlackRock Government Short Term Investment Fund	Common collective trust		256,422,883
*	State Street S&P 500 Index Non-Lending Series Fund (Class A)	Common collective trust	**	2,996,695,194
*	State Street US Bond Index Non-Lending Series Fund (Class A)	Common collective trust	**	577,596,173
*	State Street US Extended Market Index Non-Lending Series Fund (Class C)	Common collective trust	**	731,042,921
*	SSGA Global All cap Equity ex- US Index Fund (NL – Class A)	Common collective trust	**	998,776,049
	MetWest Total Return Bond Fund (CIT) Class C	Collective investment trust	**	100,890,239
	BlackRock Russell 2500 Alpha Tilts – Fund F	Common collective trust	**	397,921,908
	Vanguard Target Retirement Income Trust Select	Common collective trust	**	80,497,434
	Vanguard Target Retirement 2020 Trust Select	Common collective trust	**	105,979,815
	Vanguard Target Retirement 2025 Trust Select	Common collective trust	**	196,485,891
	Vanguard Target Retirement 2030 Trust Select	Common collective trust	**	399,259,026
	Vanguard Target Retirement 2035 Trust Select	Common collective trust	**	334,894,763
	Vanguard Target Retirement 2040 Trust Select	Common collective trust	**	399,866,354
	Vanguard Target Retirement 2045 Trust Select	Common collective trust	**	308,530,539
	Vanguard Target Retirement 2050 Trust Select	Common collective trust	**	231,187,933
	Vanguard Target Retirement 2055 Trust Select	Common collective trust	**	177,266,837
	Vanguard Target Retirement 2060 Trust Select	Common collective trust	**	123,865,341
	Vanguard Target Retirement 2065 Trust Select	Common collective trust	**	38,571,014
	Vanguard Target Retirement 2070 Trust Select	Common collective trust	**	8,454,837
				8,464,205,151
	ADOBE INC	Common stock	**	2,834,919
	AEGON LTD NY REG SHR	Common stock	**	2,484,933
	AIR PRODUCTS + CHEMICALS INC	Common stock	**	7,558,812
	ALNYLAM PHARMACEUTICALS INC	Common stock	**	2,306,370
	ALPHABET INC CL A	Common stock	**	15,900,400
	ALPHABET INC CL C	Common stock	**	10,731,960
	AMAZON.COM INC	Common stock	**	13,987,692
	AMERICAN ELECTRIC POWER	Common stock	**	3,240,211
	ANHEUSER BUSCH INBEV SPN ADR	Common stock	**	7,934,556
	AON PLC CLASS A	Common stock	**	6,387,128
	ARCHER DANIELS MIDLAND CO	Common stock	**	3,092,962
	ARTHUR J GALLAGHER + CO	Common stock	**	595,217
	AVANTOR INC	Common stock	**	4,189,776
	BAKER HUGHES CO	Common stock	**	6,899,310
	BANK OF NEW YORK MELLON CORP	Common stock	**	11,028,550
	BAXTER INTERNATIONAL INC	Common stock	**	3,713,073
	BIOMARIN PHARMACEUTICAL INC	Common stock	**	3,120,075
	BOOKING HOLDINGS INC	Common stock	**	9,398,605
	BRISTOL MYERS SQUIBB CO	Common stock	**	1,224,438
	BROOKFIELD CORP	Common stock	**	4,584,411
	CAPITAL ONE FINANCIAL CORP	Common stock	**	7,997,880
	CARRIER GLOBAL CORP	Common stock	**	2,694,840
	CELANESE CORP	Common stock	**	2,088,632
	CHARTER COMMUNICATIONS INC A	Common stock	**	9,936,500
	COGNIZANT TECH SOLUTIONS A	Common stock	**	4,946,800
	COMCAST CORP CLASS A	Common stock	**	11,292,442
	CONOCOPHILLIPS	Common stock	**	3,501,014

CVS HEALTH CORP	Common stock	**	\$	16,514,609.00
DOMINION ENERGY INC	Common stock	**		4,652,046
ELANCO ANIMAL HEALTH INC	Common stock	**		6,277,562
FEDEX CORP	Common stock	**		15,511,782
FIDELITY NATIONAL INFO SERV	Common stock	**		10,746,582
FIRST CITIZENS BCSHS CL A	Common stock	**		429,236
FISERV INC	Common stock	**		10,538,973
FORTIVE CORP	Common stock	**		9,799,775
FOX CORP CLASS A	Common stock	**		1,519,856
FOX CORP CLASS B	Common stock	**		3,246,500
GAMING AND LEISURE PROPERTIE	Common stock	**		2,462,419
GE HEALTHCARE TECHNOLOGY	Common stock	**		8,398,848
GENERAL ELECTRIC	Common stock	**		5,174,904
GILEAD SCIENCES INC	Common stock	**		11,733,944
* GOLDMAN SACHS GROUP INC	Common stock	**		5,274,000
* GSK PLC SPON ADR	Common stock	**		311,727,076
HALEON PLC ADR	Common stock	**		5,409,801
HP INC	Common stock	**		2,976,608
HUMANA INC	Common stock	**		9,707,327
IDEX CORP	Common stock	**		729,549
INCYTE CORP	Common stock	**		4,365,634
INTL FLAVORS + FRAGRANCES	Common stock	**		5,815,757
JOHNSON CONTROLS INTERNATION	Common stock	**		20,165,900
LPL FINANCIAL HOLDINGS INC	Common stock	**		4,643,210
LYONDELLBASELL INDU CL A	Common stock	**		2,468,100
MEDTRONIC PLC	Common stock	**		2,776,134
META PLATFORMS INC CLASS A	Common stock	**		11,221,530
METLIFE INC	Common stock	**		15,187,956
MICROCHIP TECHNOLOGY INC	Common stock	**		1,280,772
MICROSOFT CORP	Common stock	**		15,185,668
MOLSON COORS BEVERAGE CO B	Common stock	**		3,276,936
NEUROCRINE BIOSCIENCES INC	Common stock	**		3,049,345
NEWS CORP CLASS A	Common stock	**		1,413,092
NORFOLK SOUTHERN CORP	Common stock	**		11,346,696
NOVARTIS AG SPONSORED ADR	Common stock	**		4,687,580
OCCIDENTAL PETROLEUM CORP	Common stock	**		11,061,280
RALLIANT CORP	Common stock	**		2,260,404
REGENERON PHARMACEUTICALS	Common stock	**		11,578,050
ROCHE HOLDINGS LTD SPONS ADR	Common stock	**		4,311,252
RTX CORP	Common stock	**		25,419,240
SANOFI ADR	Common stock	**		10,215,327
SBA COMMUNICATIONS CORP	Common stock	**		7,369,683
SCHWAB (CHARLES) CORP	Common stock	**		25,806,753
STATE STREET CORP	Common stock	**		2,360,883
SUN COMMUNITIES INC	Common stock	**		6,728,313
T MOBILE US INC	Common stock	**		4,669,920
TE CONNECTIVITY PLC	Common stock	**		9,327,910
TELEDYNE TECHNOLOGIES INC	Common stock	**		3,319,745
THE CIGNA GROUP	Common stock	**		10,073,420
TRANSUNION	Common stock	**		2,598,225
UNITEDHEALTH GROUP INC	Common stock	**		10,200,399
VF CORP	Common stock	**		2,444,416
WELLS FARGO + CO	Common stock	**		10,764,600
WILLIS TOWERS WATSON PLC	Common stock	**		5,356,646
ZIMMER BIOMET HOLDINGS INC	Common stock	**		6,860,896
				886,114,575

* **Synthetic GICs**

* **Metropolitan Tower Life**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***	\$	56,533,311.00
Term Fund 2024	Limited Partnership Fund	***		637,373
Term Fund 2025	Limited Partnership Fund	***		7,202,158
Term Fund 2026	Limited Partnership Fund	***		7,345,071
Term Fund 2027	Limited Partnership Fund	***		7,810,020
Term Fund 2028	Limited Partnership Fund	***		5,598,257
Metropolitan Tower Life Wrapper Contract	Wrapper Contract	***		4,460,067
Metropolitan Tower Life 39865 Total				89,586,257

* **Prudential**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***		58,015,786
Term Fund 2024	Limited Partnership Fund	***		625,453
Term Fund 2025	Limited Partnership Fund	***		7,150,257
Term Fund 2026	Limited Partnership Fund	***		7,177,932
Term Fund 2027	Limited Partnership Fund	***		7,615,295
Term Fund 2028	Limited Partnership Fund	***		5,491,344
Prudential Wrapper Contract	Wrapper Contract	***		4,494,517
Prudential GA-62257 Total				90,570,584

* **Voya Financial**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***		57,676,368
Term Fund 2024	Limited Partnership Fund	***		636,914
Term Fund 2025	Limited Partnership Fund	***		7,223,347
Term Fund 2026	Limited Partnership Fund	***		7,242,417
Term Fund 2027	Limited Partnership Fund	***		7,790,573
Term Fund 2028	Limited Partnership Fund	***		5,593,566
Voya Financial Wrapper Contract	Wrapper Contract	***		4,566,999
Voya Financial 60545 Total				90,730,184
	Synthetic GICs Total	***		270,887,025

Total Investments

9,916,950,064

* Participant loans (interest rate 4.25%-9.5%; maturity 2026-2042)

Participant loans

**

28,453,564

* Denotes a party-in-interest.

** Historical cost information is not required for participant directed investments.

*** Investments are part of the Stable Value Fund. \$7,649,460 of the State Street Institutional Treasury Money Market Fund is attributable to the Stable Value Fund.

Plan Name: GSK 401(k) Plan
Plan Sponsor Name: Glaxosmithkline LLC
Plan Sponsor EIN: 23-1099050
Plan Number (PN): 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower Lessor or Similar	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Fair Value
	T Rowe Price Blue Chip Growth Fund I	Mutual fund	**	\$ 182,469,929.00
	American Funds Europacific Growth- Class R6	Mutual fund	**	88,896,193
*	State Street Institutional Treasury Money Market Fund (Premier Share Class)	Money market fund	***	24,377,191
				295,743,313
	BlackRock Government Short Term Investment Fund	Common collective trust		256,422,883
*	State Street S&P 500 Index Non-Lending Series Fund (Class A)	Common collective trust	**	2,996,695,194
*	State Street US Bond Index Non-Lending Series Fund (Class A)	Common collective trust	**	577,596,173
*	State Street US Extended Market Index Non-Lending Series Fund (Class C)	Common collective trust	**	731,042,921
*	SSGA Global All cap Equity ex- US Index Fund (NL - Class A)	Common collective trust	**	998,776,049
	MetWest Total Return Bond Fund (CIT) Class C	Collective investment trust	**	100,890,239
	BlackRock Russell 2500 Alpha Tilts - Fund F	Common collective trust	**	397,921,908
	Vanguard Target Retirement Income Trust Select	Common collective trust	**	80,497,434
	Vanguard Target Retirement 2020 Trust Select	Common collective trust	**	105,979,815
	Vanguard Target Retirement 2025 Trust Select	Common collective trust	**	196,485,891
	Vanguard Target Retirement 2030 Trust Select	Common collective trust	**	399,259,026
	Vanguard Target Retirement 2035 Trust Select	Common collective trust	**	334,894,763
	Vanguard Target Retirement 2040 Trust Select	Common collective trust	**	399,866,354
	Vanguard Target Retirement 2045 Trust Select	Common collective trust	**	308,530,539
	Vanguard Target Retirement 2050 Trust Select	Common collective trust	**	231,187,933
	Vanguard Target Retirement 2055 Trust Select	Common collective trust	**	177,266,837
	Vanguard Target Retirement 2060 Trust Select	Common collective trust	**	123,865,341
	Vanguard Target Retirement 2065 Trust Select	Common collective trust	**	38,571,014
	Vanguard Target Retirement 2070 Trust Select	Common collective trust	**	8,454,837
				8,464,205,151
	ADOBE INC	Common stock	**	2,834,919
	AEGON LTD NY REG SHR	Common stock	**	2,484,933
	AIR PRODUCTS + CHEMICALS INC	Common stock	**	7,558,812
	ALNYLAM PHARMACEUTICALS INC	Common stock	**	2,306,370
	ALPHABET INC CL A	Common stock	**	15,900,400
	ALPHABET INC CL C	Common stock	**	10,731,960
	AMAZON.COM INC	Common stock	**	13,987,692
	AMERICAN ELECTRIC POWER	Common stock	**	3,240,211
	ANHEUSER BUSCH INBEV SPN ADR	Common stock	**	7,934,556
	AON PLC CLASS A	Common stock	**	6,387,128
	ARCHER DANIELS MIDLAND CO	Common stock	**	3,092,962
	ARTHUR J GALLAGHER + CO	Common stock	**	595,217
	AVANTOR INC	Common stock	**	4,189,776
	BAKER HUGHES CO	Common stock	**	6,899,310
	BANK OF NEW YORK MELLON CORP	Common stock	**	11,028,550
	BAXTER INTERNATIONAL INC	Common stock	**	3,713,073
	BIOMARIN PHARMACEUTICAL INC	Common stock	**	3,120,075
	BOOKING HOLDINGS INC	Common stock	**	9,398,605
	BRISTOL MYERS SQUIBB CO	Common stock	**	1,224,438
	BROOKFIELD CORP	Common stock	**	4,584,411
	CAPITAL ONE FINANCIAL CORP	Common stock	**	7,997,880
	CARRIER GLOBAL CORP	Common stock	**	2,694,840
	CELANESE CORP	Common stock	**	2,088,632
	CHARTER COMMUNICATIONS INC A	Common stock	**	9,936,500
	COGNIZANT TECH SOLUTIONS A	Common stock	**	4,946,800
	COMCAST CORP CLASS A	Common stock	**	11,292,442
	CONOCOPHILLIPS	Common stock	**	3,501,014

P1an Name: GSK 401 (k) P1an
P1an Sponsor Name: G1axosmithk1line LLC
P1an Sponsor EIN: 23-1099050
P1an Number (PN): 002

Schedu1e H, Line 4i - Schedu1e of Assets (He1d at End of Year) December 31, 2025

CVS HEALTH CORP	Common stock	**	\$	16,514,609.00
DOMINION ENERGY INC	Common stock	**		4,652,046
ELANCO ANIMAL HEALTH INC	Common stock	**		6,277,562
FEDEX CORP	Common stock	**		15,511,782
FIDELITY NATIONAL INFO SERV	Common stock	**		10,746,582
FIRST CITIZENS BCSHS CL A	Common stock	**		429,236
FISERV INC	Common stock	**		10,538,973
FORTIVE CORP	Common stock	**		9,799,775
FOX CORP CLASS A	Common stock	**		1,519,856
FOX CORP CLASS B	Common stock	**		3,246,500
GAMING AND LEISURE PROPERTIE	Common stock	**		2,462,419
GE HEALTHCARE TECHNOLOGY	Common stock	**		8,398,848
GENERAL ELECTRIC	Common stock	**		5,174,904
GILEAD SCIENCES INC	Common stock	**		11,733,944
* GOLDMAN SACHS GROUP INC	Common stock	**		5,274,000
* GSK PLC SPON ADR	Common stock	**		311,727,076
HALEON PLC ADR	Common stock	**		5,409,801
HP INC	Common stock	**		2,976,608
HUMANA INC	Common stock	**		9,707,327
IDEX CORP	Common stock	**		729,549
INCYTE CORP	Common stock	**		4,365,634
INTL FLAVORS + FRAGRANCES	Common stock	**		5,815,757
JOHNSON CONTROLS INTERNATIONAL	Common stock	**		20,165,900
LPL FINANCIAL HOLDINGS INC	Common stock	**		4,643,210
LYONDELLBASELL INDU CL A	Common stock	**		2,468,100
MEDTRONIC PLC	Common stock	**		2,776,134
META PLATFORMS INC CLASS A	Common stock	**		11,221,530
METLIFE INC	Common stock	**		15,187,956
MICROCHIP TECHNOLOGY INC	Common stock	**		1,280,772
MICROSOFT CORP	Common stock	**		15,185,668
MOLSON COORS BEVERAGE CO B	Common stock	**		3,276,936
NEUROCRINE BIOSCIENCES INC	Common stock	**		3,049,345
NEWS CORP CLASS A	Common stock	**		1,413,092
NORFOLK SOUTHERN CORP	Common stock	**		11,346,696
NOVARTIS AG SPONSORED ADR	Common stock	**		4,687,580
OCCIDENTAL PETROLEUM CORP	Common stock	**		11,061,280
RALLIANT CORP	Common stock	**		2,260,404
REGENERON PHARMACEUTICALS	Common stock	**		11,578,050
ROCHE HOLDINGS LTD SPONS ADR	Common stock	**		4,311,252
RTX CORP	Common stock	**		25,419,240
SANOFI ADR	Common stock	**		10,215,327
SBA COMMUNICATIONS CORP	Common stock	**		7,369,683
SCHWAB (CHARLES) CORP	Common stock	**		25,806,753
STATE STREET CORP	Common stock	**		2,360,883
SUN COMMUNITIES INC	Common stock	**		6,728,313
T MOBILE US INC	Common stock	**		4,669,920
TE CONNECTIVITY PLC	Common stock	**		9,327,910
TELEDYNE TECHNOLOGIES INC	Common stock	**		3,319,745
THE CIGNA GROUP	Common stock	**		10,073,420
TRANSUNION	Common stock	**		2,598,225
UNITEDHEALTH GROUP INC	Common stock	**		10,200,399
VF CORP	Common stock	**		2,444,416
WELLS FARGO + CO	Common stock	**		10,764,600
WILLIS TOWERS WATSON PLC	Common stock	**		5,356,646
ZIMMER BIOMET HOLDINGS INC	Common stock	**		6,860,896
				886,114,575

P1an Name: GSK 401 (k) P1an
P1an Sponsor Name: G1axosmithk1ine LLC
P1an Sponsor EIN: 23-1099050
P1an Number (PN): 002

Schedu1e H, Line 4i - Schedu1e of Assets (He1d at End of Year) December 31, 2025

*** Synthetic GICs**

*** Metropolitan Tower Life**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***	\$	56,533,311.00
Term Fund 2024	Limited Partnership Fund	***		637,373
Term Fund 2025	Limited Partnership Fund	***		7,202,158
Term Fund 2026	Limited Partnership Fund	***		7,345,071
Term Fund 2027	Limited Partnership Fund	***		7,810,020
Term Fund 2028	Limited Partnership Fund	***		5,598,257
Metropolitan Tower Life Wrapper Contract	Wrapper Contract	***		4,460,067
Metropolitan Tower Life 39865 Total				89,586,257

*** Prudential**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***		58,015,786
Term Fund 2024	Limited Partnership Fund	***		625,453
Term Fund 2025	Limited Partnership Fund	***		7,150,257
Term Fund 2026	Limited Partnership Fund	***		7,177,932
Term Fund 2027	Limited Partnership Fund	***		7,615,295
Term Fund 2028	Limited Partnership Fund	***		5,491,344
Prudential Wrapper Contract	Wrapper Contract	***		4,494,517
Prudential GA-62257 Total				90,570,584

*** Voya Financial**

GSAM Stable Value Intermediate Core Fund (Class B Shares)	Common collective trust	***		57,676,368
Term Fund 2024	Limited Partnership Fund	***		636,914
Term Fund 2025	Limited Partnership Fund	***		7,223,347
Term Fund 2026	Limited Partnership Fund	***		7,242,417
Term Fund 2027	Limited Partnership Fund	***		7,790,573
Term Fund 2028	Limited Partnership Fund	***		5,593,566
Voya Financial Wrapper Contract	Wrapper Contract	***		4,566,999
Voya Financial 60545 Total				90,730,184

Synthetic GICs Total	***		270,887,025
----------------------	-----	--	-------------

Total Investments			9,916,950,064
--------------------------	--	--	----------------------

* Participant loans (interest rate 4.25%-9.5%; maturity 2026-2042)	Participant loans	**	28,453,564
--	-------------------	----	------------

* Denotes a party-in-interest.

** Historical cost information is not required for participant directed investments.

*** Investments are part of the Stable Value Fund. \$7,649,460 of the State Street Institutional Treasury Money Market Fund is attributable to the Stable Value Fund.