

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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 HP INC. DEFERRED PROFIT-SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/31/1956
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) HP INC. 10300 ENERGY DRIVE SPRING, TX 77389
2b	Employer Identification Number (EIN) 94-1081436
2c	Plan Sponsor's telephone number 800-457-4015
2d	Business code (see instructions) 334110

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.	07/09/2026	SRIVATSAN IYER
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2688
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 374 6a(2) 305 6b 0 6c 1880 6d 2185 6e 246 6f 2431 6g(1) 2688 6g(2) 2431 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan HP INC. DEFERRED PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.	D Employer Identification Number (EIN) 94-1081436	

Part I	Service Provider Information (see instructions)
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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
THE BANK OF NEW YORK MELLON
13-5160382

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

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

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

BANK OF NEW YORK MELLON

13-5160382

(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?
18 72 50 99	NONE	46957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY MANAGEMENT TRUST COMPANY

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64 50	NONE	28906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HP INC.

94-1081436

(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?
14 28 50	PLAN SPONSOR	24150	Yes ☐ No ☒	Yes ☐ No ☐		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)

ERNST & YOUNG

34-6565596

(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?
10 50	NONE	20935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE

13-5133500

(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?
10 50	NONE	10705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROOM LAW

52-1219029

(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?
29	NONE	6994	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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan HP INC. DEFERRED PROFIT-SHARING PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HP INC.				D Employer Identification Number (EIN) 94-1081436	
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: HP INC. MASTER TRUST					
b Name of sponsor of entity listed in (a): HP INC.					
c EIN-PN 94-1081436-124		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275916062	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions	

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan HP INC. DEFERRED PROFIT-SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.		D Employer Identification Number (EIN) 94-1081436

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	206	172
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)		
(5) Partnership/joint venture interests	1c(5)	2185508	2109762
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	295690275	275916062
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	51840	51770
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	297927829	278077766
Liabilities			
g Benefit claims payable	1g	2766917	83
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2766917	83
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	295160912	278077683

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-39813	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		34672732
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		34632919

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31784593	
(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)		31784593
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	28906	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31640	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	46957	
(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)	40210	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		147713
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31932306

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2700613
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		19783842

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: **ERNST & YOUNG, LLP**

(2) EIN: **34-6565596**

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?	☒		35000000
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?	☒		2109762
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)
HP INC . PENSION PLAN	94-1081436	003

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan HP INC. DEFERRED PROFIT-SHARING PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.				D Employer Identification Number (EIN) 94-1081436	
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): 04-2647786					
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) 2024 v. 240311	

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_____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

HP Inc. Deferred Profit-Sharing Plan
October 31, 2025 and 2024, and for the
Year Ended October 31, 2025
With Report of Independent Auditors

HP Inc. Deferred Profit-Sharing Plan

Financial Statements and Supplemental Schedule

October 31, 2025 and 2024, and for the Year Ended October 31, 2025

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Report of Independent Auditors

The Plan Administrator of HP Inc. Deferred Profit-Sharing Plan

Opinion

We have audited the financial statements of HP Inc. Deferred Profit-Sharing 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 October 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended October 31, 2025, and the related notes (collectively referred to as 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 at October 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended October 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 available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s

provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 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 of the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of October 31, 2025 (referred to as the "supplemental schedule"), 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 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 supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

June 23, 2026

HP Inc. Deferred Profit-Sharing Plan

Statements of Net Assets Available for Benefits

	October 31	
	2025	2024
Assets		
Investments:		
Interest in HP Inc. Master Trust	\$ 275,916,062	\$ 295,690,275
Allocation of Group Trust investments:		
Limited partnerships	2,109,762	2,185,508
Registered investment companies	51,770	51,840
Total investments	278,077,594	297,927,623
Interest receivable	172	206
Net assets available for benefits	\$ 278,077,766	\$ 297,927,829

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

HP Inc. Deferred Profit-Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended October 31, 2025

Additions/Deductions from net assets attributed to:

Investment income/(loss):

Net investment gain from investment in HP Inc. Master Trust	\$ 34,672,732
Net investment (loss) from investment in Group Trust	<u>(39,813)</u>
Total investment income	<u>34,632,919</u>

Benefits paid directly to participants	(34,551,427)
Administrative expenses	<u>(147,713)</u>

Net decrease before transfers out	<u>(66,221)</u>
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Net transfers to other plan	<u>(19,783,842)</u>
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Net decrease	(19,850,063)
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Net assets available for benefits:

Beginning of year	<u>297,927,829</u>
End of year	<u><u>\$ 278,077,766</u></u>

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

HP Inc. Deferred Profit-Sharing Plan

Notes to Financial Statements

October 31, 2025 and 2024, and for the
Year Ended October 31, 2025

1. Description of Frozen Plan and Trust Arrangements

The following description of the HP Inc. Deferred Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is administered by a committee of the Board of Directors of HP Inc. (the Company or HP) or by a delegate of such committee. The Bank of New York Mellon (BNY) is the trustee of the Plan's assets.

General

The Plan is a non-contributory defined contribution plan that provides eligible employees with retirement benefits. Effective October 31, 1993, the Plan was frozen to new participants, and no contributions have been made since that date. All participants became 100% vested on October 29, 1993. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Trust Arrangements

The HP Inc. Group Trust (the Group Trust) holds certain investments of the Plan with those of the HP Inc. Pension Plan (the HP Pension Plan); the Agilent Technologies, Inc. Retirement Plan; and the Agilent Technologies, Inc. Deferred Profit-Sharing Plan. The Group Trust portfolio consists of various limited partnerships and a registered investment company. It is expected that these assets will remain in the Group Trust until the limited partnerships can be fully liquidated.

The Group Trust has elected not to file a Form 5500 as a direct filing entity (DFE). As a result, each of the participating plans will report its allocable share of the individual investments and related activities of the Group Trust based on its ownership percentage.

The HP Inc. Master Trust (the Master Trust) was established on November 1, 2003. It currently holds substantially all of the Plan's assets with those of the HP Pension Plan, including the assets of the 401(h) account. See Note 3 for discussion of the Plan's interest in the Master Trust.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

1. Description of Frozen Plan and Trust Arrangements (continued)

Participant Accounts

Each participant's account is credited with an allocation of plan earnings or losses based on each individual participant's interest as of the Plan's year-end relative to the aggregate of all participants' interests as of the Plan's year-end.

Payment of Benefits

Upon retirement, termination, or death, participants or their beneficiaries may elect to receive the value of their account balance in the form of an annuity or a lump-sum payment.

For the majority of eligible plan participants, the Plan functions in combination with the HP Pension Plan for credited service before November 1, 1993. These plans work together to provide a guaranteed minimum benefit determined as a Single Life Annuity at age 65. If the Plan provides less than the guaranteed amount, the HP Pension Plan provides a benefit to make up the difference. The minimum total benefit for each participant, which may exceed the amount of the participant's account balance in the Plan, is determined under the provisions of the HP Pension Plan. In settlement of a participant's total minimum retirement benefit, the participant's interest in the net assets of the Plan is first paid, and the HP Pension Plan pays any benefit amount in excess of the benefit amount paid under the Plan to meet the minimum guaranteed benefit. If a participant elects the total minimum benefit in the form of an annuity, the value of the participant's account balance in the Plan is transferred to the HP Pension Plan for the purpose of paying the annuity benefits. During the year ended October 31, 2025, approximately \$19.8 million in net assets were transferred to the HP Pension Plan for that purpose. Participants should never receive less than their account balances.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan, subject to the provisions of ERISA.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements were prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

The Plan's investments, including the Plan's interest in the net assets of the Master Trust and the Group Trust, are stated at fair value. See Note 5 for discussion of fair value measurements.

Cash and investments held and denominated in non-U.S. dollars are re-measured into U.S. dollars at the foreign currency exchange rate in effect at the reporting date. Dividend and interest income and realized and unrealized gains and losses from such cash and investments are translated using foreign currency exchange rates at the settlement date. Exchange gains and losses on dividend and interest income are included in dividend and interest income. Realized and unrealized exchange gains and losses on foreign currency-denominated cash and investments are included in net appreciation (depreciation) in the fair value of the Master Trust investments (see Note 3).

In the normal course of business, the Master Trust may enter into derivative contracts (derivatives). Derivatives are either exchange-traded or over-the-counter (OTC) contracts. Exchange-traded derivatives are standard contracts traded on a regulated exchange. OTC contracts are private contracts negotiated between counterparties. The Master Trust has entered into derivatives that include foreign currency forward contracts, option contracts, futures contracts, and swaps contracts. See Note 7 for discussion of the Master Trust's use of derivatives.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Allocated earnings from investments in the various limited partnerships represent the Master Trust's and the Group Trust's shares of the income or loss of the underlying limited partnerships and are in proportion to the Master Trust's and Group Trust's respective shares of the underlying limited partnerships.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Master Trust and the Group Trust investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as geopolitical concerns and uncertainty. Due to the level of risk associated with certain investment securities held by the trusts, it is at least reasonably possible that changes in fair value may occur and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedule. Actual results could differ from those estimates.

Subsequent Events

The Company has evaluated subsequent events through June 23, 2026, the date the accompanying financial statements were available to be issued.

3. Interest in the Master Trust

The Master Trust was established to achieve certain economies in the management of investments and to maximize the return on investments of the participating plans. The participating plans own a defined percentage of each portfolio based on each participating plan's asset allocation policy. The Plan's proportionate share of the net assets of the Master Trust has been accumulated through prior Company contributions and investment activity of the Master Trust less benefit payments and allocated trustee fees, investment management expenses, and certain actuarial and administrative expenses. Investment income, realized gains or losses, and unrealized appreciation or depreciation for each portfolio is allocated by the trustee based on each plan's interest.

At October 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 5.7% and 6.1%, respectively.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

3. Interest in the Master Trust (continued)

The following table presents the net assets of the Master Trust and the Plan's interest in the Master Trust:

	October 31			
	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:				
Non-interest-bearing cash	\$ 258,795	\$ 32,027	\$ 20,278,637	\$ 445,679
Investments at fair value:				
Short-term investments	27,939,230	160,909	22,682,546	41,904
U.S. Government securities	1,102,672,362	27,104,485	1,264,468,814	30,161,572
Corporate bonds	2,464,401,398	19,603,785	2,425,110,125	22,462,524
Preferred stock	20,024,497	752,485	18,027,229	1,172,040
Common stock	17,600,966	17,392,748	16,753,433	16,748,560
Limited partnerships	367,669,316	54,071,644	388,019,953	62,675,438
Common collective trusts	166,144,155	123,319,821	277,833,715	126,588,652
Registered investment companies	545,452,990	31,368,406	527,565,435	34,656,284
Derivative assets	47,353,446	231,993	26,305,354	270,498
Derivative liabilities	(13,900,442)	(80,343)	(28,893,429)	(393,770)
Repurchase agreements	(37,980,150)	-	(151,330,475)	-
Other investments	264,592,338	1,077,322	248,532,792	823,439
Securities lending collateral	238,530,383	3,021,572	232,600,683	2,892,548
Total investments at fair value	5,210,500,489	278,024,827	5,267,676,175	298,099,689
Receivables:				
Due from broker for securities sold	40,524,845	59,705	108,228,730	2,872
Interest, dividend, and other	28,801,920	1,086,678	35,276,903	1,120,464
Total assets	\$ 5,280,086,049	\$ 279,203,237	\$ 5,431,460,445	\$ 299,668,704
Liabilities:				
Due to broker for securities purchased	167,819,490	155,419	349,731,400	853,874
Obligation to return securities lending collateral	238,585,976	3,022,276	232,656,173	2,893,238
Other liabilities	4,932,289	109,480	3,109,687	231,317
Total liabilities	411,337,755	3,287,175	585,497,260	3,978,429
Net assets of the Master Trust	\$ 4,868,748,294	\$ 275,916,062	\$ 4,845,963,185	\$ 295,690,275

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

3. Interest in the Master Trust (continued)

Changes in net assets of the Master Trust for the year ended October 31, 2025, were as follows:

Net appreciation in fair value of investments	\$ 159,134,986
Interest and dividend income	197,835,998
Securities lending and other investment gain	21,777,068
Total investment income	<u>378,748,052</u>
Administrative expenses	<u>(8,910,925)</u>
Net investment income in the Master Trust	369,837,127
Transfers in:	
Group Trust	80,140
Direct rollover	19,783,842
Transfers out:	
Benefit payments	(334,991,771)
Administrative expenses	(12,140,387)
Direct rollover	(19,783,842)
Net transfers	<u>(347,052,018)</u>
Net increase	22,785,109
Net assets of the Master Trust:	
Beginning of year	<u>4,845,963,185</u>
End of year	<u><u>\$ 4,868,748,294</u></u>

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

4. Investments in the Group Trust

As described in Note 1, the Group Trust does not file a Form 5500 as a DFE. As a result, individual investments of the Group Trust have been allocated to each participating plan and reported on each plan's Statements of Net Assets Available for Benefits.

Each participating plan receives an allocation of income and distributions based on its ownership percentage in the underlying investments of the Group Trust. Each participating plan has an undivided interest in the Group Trust.

5. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date.

Valuation techniques used by the Plan are based upon observable and unobservable inputs. Observable or market inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions about market participant assumptions based on the best information available. Assets and liabilities are classified in the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement:

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2: Quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liabilities.

Level 3: Unobservable inputs for the asset or liability. No level 3 assets were held by the Plan.

The fair value hierarchy gives the highest priority to observable inputs and lowest priority to unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

Short-term investments: Valued at cost plus accrued interest, which approximates fair value.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded. Preferred stock values may be obtained by observable and unobservable inputs unlike direct exchange-traded securities.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Corporate bonds, U.S. Government securities and other investments, consisting of foreign bonds and municipal securities: Valued using quoted market prices that are traded in less active markets or quoted market prices for similar instruments.

Common collective trusts and registered investment companies: Valued at the daily closing price reported on the active market on which the individual securities are traded. The registered investment company funds are required to publish their daily net asset value (NAV) and to transact at that price. If the security is not traded on an active market, it is valued using NAV as the practical expedient, established by the funds' sponsor on the last business day of the plan year, based on the fair value of the assets underlying the funds.

Limited partnerships: Valued using NAV as the practical expedient, which represents the Master Trust's or the Group Trust's proportionate share of the estimated fair value of the underlying net assets of the limited partnerships. The fair values of the limited partnerships' underlying assets are determined by the general partner or the general partner's designee on a monthly, quarterly, or semiannual basis. Values are adjusted for actual contributions and distributions as they occur.

Derivative instruments: Listed derivatives, such as futures and exchange-traded options, are valued at the closing prices reported on the active market on which the derivative trades. OTC derivative contracts are privately negotiated contracts with counterparties, including forwards, total return swaps, credit default swaps, interest rate swaps, zero coupon swaps, and swap options. The fair value for OTC derivative contracts is estimated using industry standard valuation models. These models project future cash flows and discount the future amounts to present fair value using market-based observable inputs, including spot and forward prices for foreign currencies, commodities, equities and interest rates, volatility of the underlying, credit spreads, interest rate curves, and the credit risk of the Plan and the counterparty.

Repurchase agreements: Valued at contract value plus accrued interest, as specified in the respective agreements.

The methods described above may produce a fair value estimate that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation techniques are appropriate and consistent with other market participants, the use of different techniques or assumptions to estimate the fair value could result in a different fair value measurement at the reporting date.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The Master Trust's assets and liabilities measured at fair value on a recurring basis as of October 31, 2025, were:

	Total	Level 1	Level 2
Assets			
Short-term investments	\$ 27,939,230	\$ -	\$ 27,939,230
U.S. Government securities	1,102,672,362	-	1,102,672,362
Corporate bonds	2,464,401,398	-	2,464,401,398
Preferred stock	20,024,497	-	20,024,497
Common stock	17,600,966	17,600,966	-
Registered investment companies	70,572,809	70,572,809	-
Derivatives	47,353,446	13,232,294	34,121,152
Other investments	264,592,338	-	264,592,338
Securities lending collateral	238,530,383	-	238,530,383
Assets subject to leveling	\$ 4,253,687,429	<u>\$ 101,406,069</u>	<u>\$ 4,152,281,360</u>
Investments measured at NAV:			
Limited partnerships	367,669,316		
Common collective trusts	166,144,155		
Non-publicly traded registered investment companies	474,880,181		
Total investments measured at NAV	<u>1,008,693,652</u>		
Total assets measured at fair value	5,262,381,081		
Liabilities			
Derivatives	13,900,442	4,634,043	9,266,399
Repurchase agreements	37,980,150	-	37,980,150
Liabilities subject to leveling	51,880,592	<u>\$ 4,634,043</u>	<u>\$ 47,246,549</u>
Total liabilities measured at fair value	<u>51,880,592</u>		
Total investments at fair value	<u>\$ 5,210,500,489</u>		

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The Master Trust's assets and liabilities measured at fair value on a recurring basis as of October 31, 2024, were:

	Total	Level 1	Level 2
Assets			
Short-term investments	\$ 22,682,546	\$ -	\$ 22,682,546
U.S. Government securities	1,264,468,814	-	1,264,468,814
Corporate bonds	2,425,110,125	-	2,425,110,125
Preferred stock	18,027,229	-	18,027,229
Common stock	16,753,433	16,753,433	-
Registered investment companies	54,260,498	54,260,498	-
Derivatives	26,305,354	4,740,879	21,564,475
Other investments	248,532,792	-	248,532,792
Securities lending collateral	232,600,683	-	232,600,683
Assets subject to leveling	\$ 4,308,741,474	\$ 75,754,810	\$ 4,232,986,664
Investments measured at NAV:			
Venture capital limited partnership funds	388,019,953		
Common collective trusts	277,833,715		
Non-publicly traded registered investment companies	473,304,937		
Total investments measured at NAV	1,139,158,605		
Total assets measured at fair value	5,447,900,079		
Liabilities			
Derivatives	28,893,429	13,802,336	15,091,093
Repurchase agreements	151,330,475	-	151,330,475
Liabilities subject to leveling	180,223,904	\$ 13,802,336	\$ 166,421,568
Total liabilities measured at fair value	180,223,904		
Total investments at fair value	\$ 5,267,676,175		

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The following tables present the Master Trust's fair values, future investment commitments, and redemption conditions for these investments that use NAV as a practical expedient, or its equivalent:

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2025				
Limited partnerships:				
LBO/special situations funds ^(b)	\$ 58,189,506	\$ 47,378,980	(g)	(g)
Real assets/real estate ^(c)	23,355,682	1,713,432	(g)	(g)
Venture capital ^(d)	257,907,740	17,057,229	(g)	(g)
Hedge funds ^(f)	28,216,388	-	(g)	(g)
Total limited partnerships	367,669,316	66,149,641		
Common collective trusts:				
U.S. equity	14,071,319	-	Daily	5–30 days
International equity	45,401,046	-	Daily	5–30 days
Short-term	106,671,790	-	Daily	5–30 days
Total common collective trusts	166,144,155			
Registered investment companies:				
Long-term government/credit –				
U.S. fixed income	427,796,798	-	Daily	1–7 days
Short-term – U.S. fixed income	47,083,383	-	Daily	1–7 days
Total registered investment companies	474,880,181	-		
Total	\$ 1,008,693,652	\$ 66,149,641		

HP Inc. Deferred Profit-Sharing Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2024				
Limited partnerships:				
LBO/special situations funds ^(b)	\$ 75,970,985	\$ 50,210,421	(g)	(g)
Real assets/real estate ^(c)	26,310,390	9,580,455	(g)	(g)
Venture capital ^(d)	247,737,870	17,259,137	(g)	(g)
Opportunistic funds ^(e)	22,281	-	(g)	(g)
Hedge funds ^(f)	37,978,427	-	(g)	(g)
Total limited partnerships	388,019,953	77,050,013		
Common collective trusts:				
U.S. equity	13,836,814	-	Daily	5–30 days
International equity	45,904,387	-	Daily	5–30 days
Short-term	218,092,514	-	Daily	5–30 days
Total common collective trusts	277,833,715	-		
Registered investment companies:				
Long-term government/credit –				
U.S. fixed income	430,964,878	-	Daily	1–7 days
Short-term – U.S. fixed income	42,340,059	-	Daily	1–7 days
Total registered investment companies	473,304,937	-		
Total	\$ 1,139,158,605	\$ 77,050,013		

^(a) Capital calls will be funded by liquidating other assets owned by the Master Trust or through a company contribution if sufficient assets cannot be liquidated by the Master Trust when required.

^(b) Leveraged Buyout and special situations funds invest in private companies or take public companies private looking for an attractive return opportunity based on future improvements to the business by the sponsor be it operational or financial, and in special situations in particular, the fund seeks out a very low entry point (distressed companies) in order to consummate a transaction.

^(c) Real estate funds seek out core, value-added, and opportunistic real estate investments in non-publicly traded securities and commercial and residential assets.

^(d) Venture capital funds provide capital to private early stage, high-potential, high-risk, growth startup companies. Venture-backed companies usually have a novel technology or business model in high-technology industries, such as biotech, information technology, software, etc. These companies ideally reach an eventual realization event, such as an initial public offering or a trade sale, providing returns to investors.

^(e) Opportunistic funds target underperforming and/or undermanaged assets that are temporarily depressed and then using high degrees of leverage (borrowed funds) to acquire assets, hold the assets for a short period of time, and then sell them.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

^(f) Hedge funds are private, actively managed investment funds. They invest in a diverse range of markets, investment instruments, and strategies with an aim to achieve positive return on investment regardless of whether markets are rising or falling.

^(g) The limited partnerships are primarily closed-end funds, which are not eligible for redemption until a date in the future that currently cannot be determined. The liquidation of these investments is likely to occur at different times over the next ten years.

The Plan's interest in the Group Trust's assets measured at fair value on a recurring basis as of October 31, 2025 and 2024, were as follows:

		October 31, 2025			
		Total	Level 1	Level 2	Level 3
Assets					
Registered investment companies	\$	51,770	\$ 51,770	\$ -	\$ -
Non-restricted limited partnerships at NAV		2,109,762			
Total assets measured at fair value		\$ 2,161,532			
		October 31, 2024			
		Total	Level 1	Level 2	Level 3
Assets					
Registered investment companies	\$	51,840	\$ 51,840	\$ -	\$ -
Non-restricted limited partnerships at NAV		2,185,508			
Total assets measured at fair value		\$ 2,237,348			

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The Group Trust invests in funds that calculate NAV or its equivalent and consist primarily of nonmarketable limited partnerships.

The following tables present the Plan's interest in the Group Trust's fair values, future investment commitments, and redemption conditions for the limited partnerships that use NAV as a practical expedient, or its equivalent:

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2025				
Limited partnerships ^(b)	<u>\$ 2,109,762</u>	<u>\$ 372,276</u>	(c)	(c)

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2024				
Limited partnerships ^(b)	<u>\$ 2,185,508</u>	<u>\$ 372,276</u>	(c)	(c)

^(a) Capital calls will be funded by liquidating other assets owned by the Group Trust or through a company contribution if sufficient assets cannot be liquidated by the Group Trust when required.

^(b) Limited partnerships provide capital to private, early stage, high-potential, high-risk, growth startup companies.

^(c) The limited partnerships are primarily closed-end funds, which are not eligible for redemption until a date in the future that currently cannot be determined. The liquidation of these investments is likely to occur at different times over the next ten years.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

6. Financial Instruments with Off-Balance-Sheet Risk

In the normal course of operations, assets are invested in financial instruments that may give rise to off-balance-sheet risk. These instruments involve, in varying degrees, elements of credit and market risk in excess of the amounts recognized on the Statements of Net Assets Available for Benefits. The notional value provides a measure of the Master Trust's involvement in such instruments, but is not indicative of potential loss. The intent is to use these financial instruments to reduce, rather than increase, market risk.

7. Derivative Financial Instruments

The Master Trust may hold derivative financial instruments in order to manage market risks and to alter the return characteristics of the underlying securities. The Master Trust utilizes derivatives to replicate financial market performance in situations where derivatives are more economical or practical than purchasing the underlying securities themselves. None of the derivative instruments held by the Master Trust are designated as hedging instruments. Derivative financial instruments are recorded on a gross basis.

Inherent in the use of derivative financial instruments are certain business risks, including market risk and credit risk. Market risk is the risk that the value of the contracts will change, either favorably or unfavorably, in response to market conditions. Credit risk is the risk of loss from non-performance by counterparties to a contract.

Realized and unrealized appreciation (depreciation) in the fair value of all derivative financial instruments is recognized in net investment income of the Master Trust.

Futures Contracts

A futures contract is an agreement between a buyer or a seller and the clearinghouse of a futures exchange in which parties agree to buy or sell a commodity, financial instrument, or index at a specified future date and price. The Master Trust primarily invests in U.S. Treasury bonds and notes futures, S&P 500 futures, and a variety of foreign index futures.

During the period the contract is open, changes in the value of the contract are recognized as unrealized gains or losses by daily marking-to-market the contract to reflect the market value of the contract at the end of each day's trading. The Master Trust receives from, or pays to, the broker an amount equal to the daily fluctuation in the market value of the contract, known as margin variation, which is recognized in net appreciation (depreciation) in the fair value of investments.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

7. Derivative Financial Instruments (continued)

Foreign Currency Forward Contracts

To help reduce the risk of foreign currency exchange rate losses, the Master Trust may hold foreign currency forward contracts with off-balance-sheet risk. These contracts represent commitments either to purchase or sell foreign currencies at a specified future date and at a specified price. Realized and unrealized gains and losses on these contracts, resulting from the settlement of the contracts and changes in the exchange rates, are reflected in net appreciation (depreciation) in the fair value of investments in the Master Trust. The Master Trust's exposure to credit risk associated with counterparty non-performance on these contracts is limited to the unrealized gains or losses inherent in such contracts.

Options

From time to time, the Master Trust utilizes option contracts in order to take advantage of imperfections in the markets or to hedge its exposure to interest rate or market risks. An option contract is an agreement that allows the holder to either buy or sell the underlying security at a fixed strike price. In exchange for a premium, the writer of the option contract assumes the obligation to sell the underlying instrument on a future date if the holder of the option chooses to exercise it. By writing options, the Master Trust profits by the amount of the premiums if the option is not exercised. By purchasing options, the Master Trust incurs the expense of the premium. The premium in marked-to-market daily fluctuations in the value of such instruments is recorded as net appreciation (depreciation) in the fair value of investments in the Master Trust.

TBA Commitments

The Master Trust may enter into to-be-announced (TBA) commitments to purchase government agency securities for a fixed unit price at a future date beyond the customary settlement time. Although the unit price for a TBA commitment has been established, the principal value has not been finalized. However, the amount of the TBA commitment will not fluctuate more than 1.0% from the principal amount. The Master Trust may hold, and maintain until the settlement date, cash or liquid securities in an amount sufficient to meet the purchase price. Unsettled TBA commitments are included in government securities with an offsetting payable and are valued at fair value. The Master Trust may dispose of a commitment prior to settlement if the Master Trust's advisor deems it appropriate to do so. This fluctuation of the principal value is recorded as net appreciation (depreciation) in the fair value of investments in the Master Trust.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

7. Derivative Financial Instruments (continued)

Swap Agreements

The Master Trust may enter into swap agreements to exchange or swap investment cash flows, assets, or market-linked returns at specified future intervals with counterparties. The Master Trust has entered into total return, interest rate, zero coupon, and credit default swap agreements to manage its exposure to interest rates and credit risk. In connection with these agreements, securities may be identified as collateral in accordance with the terms of the respective swap agreements.

Swaps are marked-to-market daily based on quotations supplied by an exchange, a pricing service, or a major market maker (or dealer), and the change in value, if any, is recorded as unrealized appreciation (depreciation). Realized gain (loss) is recorded upon termination or maturity of the swap. At the end of the year, outstanding swaps with a positive fair value are recorded as a derivative asset, and those with a negative fair value are recorded as a derivative liability.

The fair values and gross notional amounts of the derivative instruments included in the Master Trust were as follows:

	Assets	Liabilities	Notional
October 31, 2025			
Foreign currency forwards contracts	\$ 1,296,925	\$ (1,417,705)	\$ 181,945,429
Futures contracts	13,232,294	(4,584,673)	3,419,623,361
Total return swaps	1,770,370	(438,693)	437,133,302
Interest rate swaps	13,553,717	(6,519,123)	1,293,529,767
Credit default swaps	17,391,247	(383,033)	783,538,432
Zero coupon swaps	108,893	(417,886)	51,029,219
Options	-	(139,329)	100,902,000
Total	<u>\$ 47,353,446</u>	<u>\$ (13,900,442)</u>	<u>\$ 6,267,701,510</u>
October 31, 2024			
Foreign currency forwards contracts	\$ 4,433,093	\$ (1,804,968)	\$ 400,019,016
Futures contracts	4,740,879	(13,762,362)	440,739,910
Total return swaps	-	(9,065,908)	266,537,333
Interest rate swaps	7,965,417	(3,804,303)	1,133,447,011
Credit default swaps	9,146,151	(8,909)	465,747,473
Zero coupon swaps	-	(151,916)	15,322,824
Options	19,814	(295,063)	73,000,000
Total	<u>\$ 26,305,354</u>	<u>\$ (28,893,429)</u>	<u>\$ 2,794,813,567</u>

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

8. Securities Lending Program

The Master Trust has entered into a securities lending agreement with BNY as the lending agent. The agreement authorizes the lending agent to lend securities of United States and non-United States issuers held by the Master Trust to an approved list of borrowers. The lending agent has a responsibility for negotiating the terms of each loan and for collecting all required collateral.

By the close of business on the day which the securities are delivered to the borrower, the lending agent shall obtain collateral in an amount equal to 102%, in the case of securities denominated and payable in U.S. dollars, and 105%, in the case of securities not dominated and payable in U.S. dollars, of the market value of any securities loaned. Additional collateral is required to be delivered to restore the collateral to the initial percentage of the market value of the loaned securities if the collateral falls below the initial percentage of the market value of the loaned securities. The lending agent is authorized to invest and reinvest, on behalf of the Master Trust, all cash collateral in accordance with the provisions set forth in the securities lending agreement. Until such time as a loan of securities is terminated and such securities are returned to the lending agent, the Master Trust has all incidents of ownership of the securities loaned, including, but not limited to, the right to transfer the securities to others.

The securities lending transactions have been accounted for as a loan of securities, since the Master Trust may not sell or repledge the collateral unless the borrower defaults on the loan, at which time the lending agent will use the collateral to replace the loaned security. The securities on loan are included in the investments of the Master Trust as disclosed in Note 3. Since the noncash collateral may not be pledged or sold, the Master Trust is not obligated to record the noncash collateral as an asset or the obligation to return the noncash collateral as a liability. Cash collateral held at October 31, 2025 and 2024, has been recorded by the Master Trust as an asset with an offsetting obligation to return the collateral.

Master Trust assets on loan to third-party borrowers under securities lending agreements as October 31, 2025 and 2024 are as follows:

	<u>October 31, 2025</u>	<u>October 31, 2024</u>
U.S. Government securities	\$ 20,557,661	\$ 25,824,733
Corporate bonds	199,947,753	186,358,455
Preferred stock	5,711,788	5,997,623
Common stock	1,356,419	-
Other investments	8,395,950	10,702,353
Total	<u>\$ 235,969,571</u>	<u>\$ 228,883,164</u>

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

8. Securities Lending Program (continued)

The Master Trust bears the risk of unrealized gains or losses on collateral received and reinvested. The Master Trust maintains effective control of the loaned investments during the term of the agreement, in that they may be redeemed by the Master Trust prior to the agreement's maturity. Upon the maturity of the agreement, the borrower must return the same, or substantially the same, investments that were borrowed. The risks to the Master Trust of securities lending transactions are that the borrower may not provide collateral when required or may not return the investments when due.

9. Master Netting Agreements

The Master Trust has executed master netting agreements to mitigate credit exposure to counterparties by permitting the Master Trust to net certain amounts due from the Master Trust to a counterparty against amounts due to the Master Trust from the same counterparty under certain conditions.

Information related to the derivatives and financial instruments subject to the Master Trust's master netting agreements, included on the changes in net assets available for benefits of the Master Trust was as follows:

	Gross Amount Recognized	Gross Amount Offset	Net Amount Presented	Gross Amount Not Offset		Net Amount
				Financial Instruments	Financial Collateral	
October 31, 2025						
Derivative assets	\$ 4,536,003	\$ -	\$ 4,536,003	\$ 979,206	\$ 1,358,246	\$ 2,198,551
Derivative liabilities	(1,856,398)	-	(1,856,398)	(979,206)	(120,000)	(757,192)
October 31, 2024						
Derivative assets	\$ 4,801,928	\$ -	\$ 4,801,928	\$ 1,288,538	\$ 2,259,124	\$ 1,254,266
Derivative liabilities	(10,871,883)	-	(10,871,883)	(1,288,538)	(268,753)	(9,314,592)

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

9. Master Netting Agreements (continued)

As described in Note 8, the Master Trust has entered into a securities lending agreement that includes an enforceable Master Securities Loan Agreement (MSLA). The MSLA allows the Plan to set off the collateral upon the occurrence of a default by the counterparty. The quantitative information about the Master Trust's securities lending agreement and the Master Trust's net exposure resulting from the MSLA, were as follows:

	Gross Amount of Recognized Liabilities *	Net Amount of Liabilities Presented	Gross Amounts Not Offset		Net Amount
			Financial Instruments	Cash Collateral Pledged	
October 31, 2025	\$ 238,585,976	\$ 238,585,976	\$ 235,969,571	\$ -	\$ 2,616,405
October 31, 2024	\$ 232,656,173	\$ 232,656,173	\$ 228,883,164	\$ -	\$ 3,773,009

*Noncash collateral at October 31, 2025 and 2024 of \$3,741,954 and \$2,529,255, respectively, were also subject to this MSLA.

10. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 5, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires the Plan to evaluate uncertain tax positions. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan has concluded that as of October 31, 2025 and 2024, there were no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions and regulators; however, there are currently no audits for any tax periods in progress.

HP Inc. Deferred Profit-Sharing Plan
Notes to Financial Statements (continued)

11. Related-Party and Party-in-Interest Transactions

Certain of the Plan's assets held in the Master Trust and the Group Trust are invested in funds managed by the trustee, or an affiliate of the trustee, of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. The Plan is authorized to invest up to 10% of the current value of its assets in securities and real property of HP.

12. Reconciliation of Financial Statements to Form 5500

Benefits that have been processed and approved for payment by the Plan at year-end are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities or benefits paid in the accompanying financial statements but are recorded on the Form 5500 as benefits payable.

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

	October 31	
	2025	2024
Net assets available for benefits per the financial statements	\$ 278,077,766	\$ 297,927,829
Less: Benefits payable	(83)	(2,766,917)
Net assets available for benefits per the Form 5500	<u>\$ 278,077,683</u>	<u>\$ 295,160,912</u>

	Year Ended October 31, 2025
Benefits paid directly to participants per the financial statements	\$ (34,551,427)
Add: Benefits payable at October 31, 2025	(83)
Less: Benefits payable at October 31, 2024	2,766,917
Benefit payments per the Form 5500	<u>\$ (31,784,593)</u>

Supplemental Schedule

HP Inc. Deferred Profit-Sharing Plan
EIN 94-1081436; Plan #001

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

October 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	Cost	Current Value
Limited partnerships:			
Accel Europe LP	Limited partnership	\$ 646,255	\$ 38,435
Accel VI LP	Limited partnership	3,179,742	88,049
Accel VI-S LP	Limited partnership	-	65,343
Benchmark Capital Partners IV	Limited partnership	3,110,256	207,463
Oak Investment Partners IX LP	Limited partnership	2,377,713	303
Sequoia Cap Franchise Fund LP	Limited partnership	978,450	158,703
Sigma Partners 6 LP	Limited partnership	4,001,855	1,551,466
Total limited partnerships			2,109,762
Registered investment company -			
* Dreyfus Government Cash Management Fund	Registered investment company	51,770	51,770
Total investments			\$ 2,161,532

* Party-in-interest.

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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) _____ ☐ 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 HP Inc. Pension Plan
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 11/01/1976
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) HP Inc. 10300 Energy Drive Spring TX 77389
2b	Employer Identification Number (EIN) 94-1081436
2c	Plan Sponsor's telephone number 800-457-4015
2d	Business code (see instructions) 334110

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		July 9, 2026	Srivatsan Iyer
	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	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	49,797
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	3,176
	6a(2)	2,816
	6b	10,496
	6c	33,003
	6d	46,315
	6e	1,987
	6f	48,302
	6g(1)	
6g(2)		
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 Characteristics Codes in the instructions: 1A 1C 1D 1E 1F 1I 3F 3H		

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

HP Inc. Deferred Profit-Sharing Plan
EIN 94-1081436; Plan #001

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

October 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	Cost	Current Value
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Sequoia Cap Franchise Fund LP	Limited partnership	978,450	158,703
Sigma Partners 6 LP	Limited partnership	4,001,855	1,551,466
Total limited partnerships			<u>2,109,762</u>
Registered investment company -			
* Dreyfus Government Cash Management Fund	Registered investment company	51,770	<u>51,770</u>
Total investments			<u><u>\$ 2,161,532</u></u>

* Party-in-interest.