

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
T534912

EMPLOYER NAME
INCYTE CORPORATION

ADDRESS
1801 AUGUSTINE CUT OFF

CITY/TOWN
WILMINGTON

STATE
DE

ZIP CODE
19803

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
943136539

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) **NO** (Employer Is Not Eligible to File) **EMPLOYER NO LONGER IN BUSINESS**

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): **ZTM9U2G5VTK8**

YES (Single-Establishment Employer is Federal Contractor) **YES** (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) **YES** (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	1	29	0	10	0	0	0	12	0	0	0	0	0	53
First/Mid-Level Officials and Managers	8	6	117	7	58	1	1	1	93	10	26	0	0	2	330
Professionals	13	16	226	18	157	0	0	8	301	47	129	1	0	6	922
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	9	10	94	3	5	0	0	3	155	1	8	1	0	2	291
Administrative Support Workers	2	1	5	3	0	0	0	1	23	6	1	0	0	0	42
Craft Workers	1	0	12	0	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	34	34	483	31	230	1	1	13	584	64	164	2	0	10	1651
PRIOR 2021 REPORTING YEAR TOTAL	32	27	468	23	217	1	1	13	581	54	137	3	0	6	1563

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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INCYTE CORPORATION

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1801 AUGUSTINE CUT OFF

CITY/TOWN
WILMINGTON

STATE
DE

ZIP CODE
19803

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

11/13/2023 1:40 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Paula Swain

Title of Certifying Official

EVP, Human Resources

Email Address of Certifying Official

pswain@incyte.com

Telephone Number of Certifying Official

302-498-6714

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

JULIA ORESCAN

Title and Employer of Primary POC

Associate Director, Global HR Operations
Incyte Corporation

Email Address of Primary POC

jorescan@incyte.com

Telephone Number of Primary POC

302-498-7053