*Please note this EEO-1 report uses federally mandated job categories that are broadly applicable to U.S. companies across a variety of industries and that differ from how Sherwin-Williams categorizes jobs and measures our progress. We believe the data presented on our website provides a more useful and meaningful reflection of the Company's workforce diversity as it is more tailored to our organizational structure.

| U.S. EQUAL EMPLO 2022 EMPLOYER IN | | | | | | | | | * | | | OMB C | | 08/2023 mber: 30 | | |
|---|-------------|---------------|-----------------|------------------------------|-------------|--|-------------------------------------|-------------------|---------------|------------------------------|----------|--|-------------------------------------|---------------------|---------------|--|
| | | | | | | E OF RI ED REP | | I | | | 1 | - | | | · | |
| | | SECT | FION E | B – EMP | LOYE | R IDEN | | | | | | | | | | |
| OFS COMPANY ID | | | | | | | | OYER N | | | | | | | | |
| 0782573 | | | | | SI | HERWI | N-WILL | IAMS (| COMPA | NY TH | E | | | | | |
| ADDRESS | | | | | | | C | ITY/TOV | WN | | | STATE | | ZIP CC | DDE | |
| 101 WEST PROSPE | ECT AV | ENUE | | | | | CL | EVELA | ND | | | OH | | 441 | 15 | |
| SECTION C – HI | EADQU | JARTE | RS OR | ESTAB | LISHN | MENT-L | LEVEL | IDENI | TIFICA' | TION (i | f applic | able) | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | | | HEADQ | QUARTEI | | | | T-LEVEL | NAME | ME | | | | |
| HEADQUARTERS OR ESTABLISHMI | ENT-LEV | VEL ADI | DRESS | | | | C | ΙΤΥ/ΤΟΥ | WN | | | STATE ZIP CODE | | | | |
| | | | | | 340526 | | | | | D | | | | | | |
| X YES (Employer Is Eligible | | | | | | FILING | | | | NO LOI | NGER | IN BUS | INESS | | | |
| SEC | CTION | | | | | OR DE | | | if applic | able) | | | | | | |
| _ | | | - | | | GAJ1F3 | | | | | | | | | | |
| YES (Single-Establishm | ent Emp | ployer is | Federa | l Contra | ctor) X | YES (I | Multi-Es | tablishr | nent Em | ployer is | s Federa | l Contra | ictor) | | | |
| X YES (H | Headqua | arters is | Federal | Contrac | tor) 🗌 | YES (N | lon-Hea | dquarter | rs Establ | ishment | is Fede | ral Cont | ractor) | | | |
| | | XY | ES (O | ne or Mo | ore Nor | n-Headqu | uarters E | Establish | nments i | s Federa | l Contr | actor) | | | | |
| | | | | | | INFOR | | | | | | | | | | |
| | | 4 | 144120 | - Paint | and W | /allpape | r Retail | ers | | | | | | | | |
| | SE | ECTIO | N H – V | VORKF | ORCE | DEMO | | | | | | | | | | |
| | Hier | panic | 1 | | | | Race/E | | y nic or L | otino | | | | | _ | |
| | | atino | | | N | lale | NOL | пізраі | | auno | Fer | emale | | | | |
| | | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | ale | ite | African ican | Asian | waiian or ic Islande | Indian or Native | ore Races | ite | k or merican | an | waiian or ic Islande | Indian or Native | ore Races | Row Total | |
| | Ma | Female | White | Black or African American | Asi | Native Hawaiian or Other Pacific Islandel | 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 First/Mid-Level Officials and Managers | 0 1586 | 0 491 | 38 7230 | 0 919 | 0 206 | 0 28 | 0 46 | 0 171 | 7 2391 | 1 321 | 2 75 | 0 6 | 0 9 | 0 75 | 48 13554 | |
| Professionals | 110 | 99 | 1629 | 120 | 235 | 3 | 3 | 36 | 1008 | 136 | 133 | 1 | 0 | 20 | 3533 | |
| Technicians Salaa Warkara | 12 | 3 | 137 | 17 | 7 | 0 | 0 | 3 | 66 | 15 | 7 | 0 | 0 | 0 | 267 | |
| Sales Workers Administrative Support Workers | 2930 57 | 1086 80 | 7513 365 | 1181 54 | 183 7 | 42 | 58 1 | 245 6 | 2683 632 | 405 83 | 67 13 | 8 | 36 2 | 134 9 | 16571 1313 | |
| Craft Workers | 98 | 0 | 511 | 76 | 10 | 1 | 3 | 12 | 2 | 1 | 0 | 0 | 0 | 0 | 714 | |
| Operatives Laborers and Helpers | 1444 536 | 187 42 | 4017 1033 | 1887 529 | 145 38 | 50 26 | 43 8 | 147 22 | 640 101 | 358 39 | 167 5 | 25 0 | 14 2 | 34 4 | 9158 2385 | |
| Service Workers | 5 | 2 | 14 | 7 | 0 | 0 | 0 | 1 | 11 | 7 | 1 | 0 | 0 | 0 | 48 | |
| CURRENT 2022 REPORTING YEAR TOTAL | 6778 | 1990 | 22487 | 4790 | 831 | 151 | 162 | 643 | 7541 | 1366 | 470 | 43 | 63 | 276 | 47591 | |
| PRIOR 2021 REPORTING YEAR TOTAL | 5810 | 1634 SECTI | 21937 ON I – | 4407 WORK | 790 FORC | 136 E SNAP | 148 SHOT 1 | 654 PERIO | 7315 D | 1275 | 448 | 50 | 58 | 286 | 44948 | |
| | | | | 12/18/2 | 2022 - 1 | 12/31/20 |)22 | | | | | | | | | |
| SECTION J Not Applicable | – HEA | DQUA | RTERS | S OR ES | TABL | ISHME | NT-LEV | VEL CO | OMME | NTS (op | tional) | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| U.S. EQUA 2022 EMPI | R OMB Con | EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024 | | | | | |
|-------------------------------|---|--|----------------------------|----------|--|--|--|
| | SECTION K – OFFICIAL CER | TIFICATION OF SUBMISSION | I | | | | |
| | EMPLOYER ID | DENTIFICATION | | | | | |
| OFS COMPANY ID 0782573 | | EMPLOYER NAME SHERWIN-WILLIAMS COMPANY | ГНЕ | | | | |
| | DDRESS | CITY/TOWN | STATE | ZIP CODE | | | |
| | PROSPECT AVENUE | CLEVELAND | | | | | |
| 101 WEST P | ROSPECTAVENDE | CLEVELAND | Оп | OH 44115 | | | |
| | CERTIFICATION | COMMENTS (optional) | | | | | |
| No Certification Comments Pro | ovided | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | DN STATEMENT | | | | | |
| | including any workforce demographic de | | | | | | |
| | repared in conformity with the directions | | | | | | |
| Knowingly and | willfully false statements on this report | | Title 18, Section | 1001. | | | |
| | | RTIFICATION | | | | | |
| | 12/1/2023 4: ⁻ | 15 PM [EST] | | | | | |
| | EMPLOYER'S CER | TIFYING OFFICIAL | | | | | |
| Name of Emp | oloyer's Certifying Official | Title of C | ertifying Official | | | | |
| D | Diane Hupp | HR VP Emp | loyee Relations | | | | |
| | | | | | | | |
| Email Addr | ress of Certifying Official | Telephone Num | ber of Certifying Official | 1 | | | |
| dkhup | p@sherwin.com | 216-5 | 66-2504 | | | | |
| anap | | 2100 | | | | | |
| | PRIMARY POINT OF CONTACT (POC) | FOR EEO-1 COMPONENT 1 REPO | RTING | | | | |
| | e of Primary POC | Title and Emp | loyer of Primary POC | | | | |
| D | Diane Hupp | - | loyee Relations | | | | |
| | | SHERWIN-WILLI/ | AMS COMPANY TH | HE | | | |
| Email Ad | ddress of Primary POC | Telephone Nu | mber of Primary POC | | | | |
| ادالم | a Machanyin com | 040.5 | 66 2504 | | | | |
| акпир | p@sherwin.com | 216-5 | 66-2504 | | | | |
| | | | | | | | |