U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026				
	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT																
070 001 071 171	SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME																
	EMPLOYER NAME GLAUKOS Corporation																
FX50943						G	LAUKC	S Corp	oration	1							
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE		
One Glauko	s Wav						ALI	SO VIE	JO		CA		9265	56			
SECTION C – H		IA DTEI	DC OD	ECTA D	T TOTTA	ATENIT I				TION (:	Formline	hla)					
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK							Γ-LEVEL		ibie)					
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HEADQUARTERS OR ESTABLISHM			Cl	TY/TOV	VN		STATE		ZIP CODE								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																	
					330945				Ì								
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y								
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	over Is N	Not Elig	ible to F	ile)	EMPL	OYER I	NO LON	IGER I	IN BUSI	INESS				
						OR DE											
SE	CHON					128354		HON (п аррпс	able)							
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor) 🔼	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	I Contra	ctor)				
X YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)				
		V v	TS (O)	a or Mo	ora Non	Handar	ortore E	- Tetablich	mante i	s Federa	1 Contr	actor)					
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		atino	Not Hispanic or Latino Male								Fer	nale					
	- C. E.											1					
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races			
JOB CATEGORIES		an an		Black or African American		iia Isla	nerican Indian Alaska Native	26		eric		iia Isla	American Indian Alaska Native	S.	Row Total		
	Male	Female	White	ck or Afric American	Asian	ii 🤏	ĽΫ́) Le	White	Black or an Amer	Asian	wa ic	r g	ore	TOLAI		
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	7	6	6 82	3	0 28	0	0	9	4 56	1	8	0	0	0 4	10 204		
Professionals	14	10	99	3	51	1	0	13	81	6	43	1	0	8	330		
Technicians	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2		
Sales Workers	2	1	57	0	1	0	0	2	37	0	3	0	0	3	106		
Administrative Support Workers	3	4	7	0	3	0	0	4	16	3	6	0	0	3	49		
Craft Workers	0	0	4	0	1	0	0	1	0	0	0	0	0	0	6		
Operatives Laborers and Helpers	30	28 0	7	0	28 0	0	0	9	0	0	15 0	0	0	8	130		
Service Workers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1		
CURRENT 2024 REPORTING YEAR TOTAL	58	49	263	6	112	1	0	39	196	11	76	3	0	26	840		
CORRENT 2024 REPORTING TEAR TOTAL	JO	48	203	0	112	<u> </u>	U	J	130	1.1	10	J	V	20	UHU		
DDIOD 2022 DEPORTING VEAR TOTAL	76	70	293	8	127	2	5	7	198	11	79	3	1	4	884		
PRIOR 2023 REPORTING YEAR TOTAL										11	19	3	1	4	004		
		SECTI()N I –	WORK	FORCI	E SNAP	SHOT	PERIO	ט								

12/15/2024 - 12/31/2024

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

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME FX50943 **GLAUKOS** Corporation ADDRESS CITY/TOWN STATE ZIP CODE **ALISO VIEJO** 92656 One Glaukos Way CA 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 5/29/2025 4:00 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Cristina Minella Director, Global Talent Acquisition Email Address of Certifying Official Telephone Number of Certifying Official cminella@glaukos.com 949-689-4900

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

Name of Primary POC

Cristina Minella

Email Address of Primary POC

cminella@glaukos.com

Title and Employer of Primary POC

Telephone Number of Primary POC 949-689-4900

Director, Global Talent Acquisition

Glaukos

	Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026											
	HEADQUAR	RTERS REPORT										
	SECTION B - EMPLO											
2024 EMPLOYER INFORMATION REPORT (EEQ-1 COMPONENT 1) OMB Control Number: 3046-0049												
ADDRES	STATE	ZIP CODE										
One Glau	ıkos Way	ALISO VIEJO	CA	92656								
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAME										
FX50943												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
One Glau	ALISO VIEJO	CA	92656									
		MENT OPPORTUNITY COMMISSION (EEOC) DRMATION REPORT (EEO-I COMPONENT 1) SECTION A - TYPE OF REPORT HEADQUARTERS REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME GLAUKOS Corporation CITY/TOWN STATE ZIP CODE CA 92656 DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GLAUKOS Corporation CITY/TOWN STATE ZIP CODE ALISO VIEJO CA 92656 DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) T-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE ALISO VIEJO CA 92656 ECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 330945406 SECTION E - EMPLOYER FILING ELIGIBILITY DIED NO (Employer IS Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS TON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): 12835406 It Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Adquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) SECTION G - NAICS INFORMATION										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS								
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)												
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contracto	or)								
		1	ntractor)									
	HEADQUARTERS REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID FX50943 GLAUKOS Corporation ADDRESS One Glaukos Way ALISO VIEJO OR GA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) Q'ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FX50943 GLAUKOS Corporation HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FX50943 GLAUKOS Corporation HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FX50943 GLAUKOS Corporation SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 330945406 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 330945406 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): 12835406 YES (Single-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishment is Federal Contractor)											

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Two or More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White **Total** Asian Asian White Male Executive/Senior Level Officials and Managers 35 First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL**

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/31/2024

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

No Comments Provided

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

229 Avenida Fabricante

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

92672

STATE

CA

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME FX50943 **GLAUKOS Corporation** CITY/TOWN ADDRESS STATE ZIP CODE One Glaukos Way **ALISO VIEJO** CA 92656 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LX86374 US Ops - San Clemente

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

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): 12835406

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

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

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

CITY/TOWN

SAN CLEMENTE

SECTION G - NAICS INFORMATION

339113 - Surgical Appliance and Supplies Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	Hisp	anic	Not Hispanic or Latino												
	or Latino		Male Female												
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
First/Mid-Level Officials and Managers	4	3	34	2	9	0	0	3	30	1	1	0	0	3	90
Professionals	4	5	46	2	19	0	0	7	50	5	15	0	0	2	155
Technicians	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2
Sales Workers	2	1	57	0	1	0	0	2	37	0	3	0	0	3	106
Administrative Support Workers	2	3	4	0	1	0	0	2	7	3	4	0	0	1	27
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	29	27	7	0	23	0	0	9	2	0	14	2	0	8	121
Laborers and Helpers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	43	39	153	4	53	0	0	23	129	9	38	2	0	17	510
PRIOR 2023 REPORTING YEAR TOTAL	54	53	85	5	68	2	3	4	68	5	34	2	1	0	384

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/31/2024

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

No Comments Provided

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME FX50943 **GLAUKOS Corporation** CITY/TOWN ADDRESS STATE ZIP CODE One Glaukos Way **ALISO VIEJO** CA 92656 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LX86594 Avedro Ops Legal Entity HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 30 North Ave **BURLINGTON** MA 01803

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

330945406

SECTION E - EMPLOYER FILING ELIGIBILITY

X 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): 12835406

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

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

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

SECTION G - NAICS INFORMATION

339113 - Surgical Appliance and Supplies Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	Hisp	anic	Not Hispanic or Latino												
	or Latino			Male Female											
			† 									1 1			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	13	0	5	0	0	1	3	0	1	0	0	0	24
Professionals	2	2	24	1	9	0	0	1	8	0	6	0	0	1	54
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	1	0	0	0	2	0	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	5	0	0	0	0	0	1	0	0	0	6
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 2024 REPORTING YEAR TOTAL	2	3	39	1	20	0	0	2	13	0	8	0	0	1	89
PRIOR 2023 REPORTING YEAR TOTAL	4	3	61	2	20	0	0	0	24	0	9	0	0	0	123

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/31/2024

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

No Comments Provided