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
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME
FX50943	GLAUKOS Corporation

ADDRESS	CITY/TOWN	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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE

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** (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
339113 - Surgical Appliance and Supplies 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	0	0	6	0	0	0	0	0	4	0	0	0	0	0	10
First/Mid-Level Officials and Managers	7	6	82	3	28	0	0	9	56	1	8	0	0	4	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	30	28	7	0	28	0	0	9	2	1	15	2	0	8	130
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	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
PRIOR 2023 REPORTING YEAR TOTAL	76	70	293	8	127	2	5	7	198	11	79	3	1	4	884

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/15/2024 - 12/31/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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 K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME
FX50943	GLAUKOS Corporation

ADDRESS	CITY/TOWN	STATE	ZIP CODE
One Glaukos Way	ALISO VIEJO	CA	92656

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	Title and Employer of Primary POC
Cristina Minella	Director, Global Talent Acquisition Glaukos
Email Address of Primary POC	**Telephone Number of Primary POC**
cminella@glaukos.com	949-689-4900

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
HEADQUARTERS REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME		
FX50943	GLAUKOS Corporation		
ADDRESS	CITY/TOWN	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		
FX50943	GLAUKOS Corporation		
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
One Glaukos Way	ALISO VIEJO	CA	92656

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** (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
339113 - Surgical Appliance and Supplies 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	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
First/Mid-Level Officials and Managers	3	2	35	1	14	0	0	5	23	0	6	0	0	1	90
Professionals	8	3	29	0	23	1	0	5	23	1	22	1	0	5	121
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	1	1	1	0	1	0	0	2	7	0	2	0	0	2	17
Craft Workers	0	0	1	0	1	0	0	1	0	0	0	0	0	0	3
Operatives	1	1	0	0	0	0	0	0	0	1	0	0	0	0	3
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	1	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	13	7	71	1	39	1	0	14	54	2	30	1	0	8	241
PRIOR 2023 REPORTING YEAR TOTAL	18	14	147	1	39	0	2	3	106	6	36	1	0	4	377

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

ADDRESS	CITY/TOWN	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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
229 Avenida Fabricante	SAN CLEMENTE	CA	92672

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** (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
339113 - Surgical Appliance and Supplies 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	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

ADDRESS	CITY/TOWN	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
☒ **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)

☒ **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
339113 - Surgical Appliance and Supplies 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	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