FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| ı | Check this box if no longer subject to |
|---|--|
| l | Section 16. Form 4 or Form 5 obligations |
| I | may continue. See Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Byington Carrie L | | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] | | | | | | | | | | itionship of R all applicab Director | deporting Person(s) to Issuer le) 10% Own | | | vner | |
|---|--|------------------|-------------|---|--|--|---------|---|------------------|--|--|---------------|---|---|---|---|--|--|---------|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2022 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | specify |
| C/O BECTON, DICKINSON AND COMPANY | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FRANKLIN LAKES | RANKLIN NI 07417 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Noi | n-Deri | vativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or I | Benefi | cially Ow | ned | | | | |
| Date | | | | ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | Securities Beneficially Following | eneficially Owned ollowing Reported | | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount (A) | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (IIISU. 4) | |
| Common Stock 01/2 | | | | | 25/202 | 2 | | | A | | 820(1 | 1) | A | \$0.0 | \$0.0 1,042(2) | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity (Instr. 3) or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | e | 7. Title and Ame Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Bedeficially Owned Following Reported Transaction(s | s S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | on(s) | | |

Explanation of Responses:

- 1. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- 2. Includes rights acquired through dividend reinvestment since the last report filed by the reporting person.

Richard Stout, by power of attorney for Carrie L Byington

on 01/26/2022

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.