1. Name and Address of Reporting Person
   DelOrefice Christopher
   C/O BECTON, DICKINSON AND COMPANY
   1 BECTON DRIVE
   FRANKLIN LAKES NJ 07417

2. Issuer Name and Ticker or Trading Symbol
   BECTON DICKINSON & CO [ BDX ]

3. Date of Earliest Transaction (Month/Day/Year)
   09/07/2023

5. Relationship of Reporting Person(s) to Issuer
   Director 10% Owner X Officer (give title below) EVP & Chief Financial Officer

4. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

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**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>09/07/2023</td>
<td></td>
<td></td>
<td>F</td>
<td>10,999 D</td>
<td>D</td>
<td>Code V (A) or (D) Amount or Number of Shares Date Exercisable Expiration Date Title</td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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**Explanation of Responses:**

1. Represents shares withheld for payment of withholding taxes in connection with the vesting of previously reported restricted stock unit awards.

Donna Kalazdy, by power of attorney for Christofer DelOrefice 09/08/2023

**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).


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.