FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |
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| 1. Name and Address of Reporting Person [*] ECKERT R ANDREW | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] | (Check | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---------|------------------|--|---------|--|---------------------------------------|--|--|--|
| (Last) (First) (Middle) | | () | - 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2025 | | Director Officer (give title below) | 10% Owner Other (specify below) | | | |
| C/O BECTON, DICKINSON AND COMPANY | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| FRANKLIN LAKES | NJ | 07417 | _ | | Form med by more that | n One Reporting Person | | | |
| (City) | (State) | (Zip) | - | | | | | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Benefici | ally Ow | ned | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|--|---------------|-------------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 01/28/2025 | | Α | | 930 ⁽¹⁾ | A | \$ <mark>0</mark> | 9,170 ⁽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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|-----------------------------|---|------------|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|-----------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

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 units acquired through dividend reinvestment since the last report filed by the reporting person.

Donna Kalazdy, by power of attorney for R. Andrew Eckert

** Signature of Reporting Person

01/30/2025

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.