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 | | | | | | |

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

| 1. Name and Add DEGRAAN (Last) | | RD | liddle) | 3 | Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] Date of Earliest Transaction (Month/Day/Year) 01/02/2004 | | | | | | | | | ionship of Reporting Pers all applicable) Director Officer (give title below) | | erson(s | 10% Ow Other (s below) | · |
|--|--|------------|--|------|--|--|---------|--|---|-------------------|---|-------------|---|---|---|---------|--|---|
| C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) FRANKLIN LAKES | NJ | 07 | 7417 | | | | | | | | | | | Form filed | d by More t | han Oi | ne Reportinç | g Person |
| (City) | (State) | (Z | ip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | | saction 2A. Deemed Execution Date if any (Month/Day/Year) | | n Date, | Transaction Dispos Code (Instr. | | | ırities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficially Following I | ly Owned or Reported (In: | | Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount (A) or (D) | | | Price | (Instr. 3 and 4) | | | | (instr. 4) |
| 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun Securities Underly Derivative Security 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) (D) | | Date Exercisable | | opiration | or Ni | | Amount or Number of Shares | | Transaction(s (Instr. 4) | | | |
| Rights to Common Stock Under 1996 Directors Deferral Plan | (1) | 01/02/2004 | | A | | 2.45 | | (2) | | (2) | | nmon ock | 2.45 | \$41.36 | 678.35 | ; | D | |

Explanation of Responses:

- 1. The securities convert to common stock on a one-for-one basis.
- 2. The securities are distributed following termination of the reporting person's service as a director, on the date or dates specified by the reporting person.

Remarks:

Gary DeFazio, by power of attorney for Edward F. DeGraan

01/05/2004

** 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.