SEC Form 4

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

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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 Address of Reporting Person • <u>Henderson Jeffrey William</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|--|---|------|--|-------|---|--------|---|---------------|--|---|--|--|---|---|--|
| (Last) | (First) | | iddle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2021 | | | | | | | | | Officer (give title below) | | | Other (specify below) | | | |
| C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE | | | | | 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 | | | | | |
| (Street) FRANKLIN NJ 07417 LAKES | | | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | ig Person | |
| (City) | (State) | (Zi | p) |) | | | | | | | | | | | | | | | |
| | | Та | ıble I - No | n-Der | ivativ | e Se | ecuritie | s Acq | uired, I | Disp | osed of, | , or E | 3enefi | cially Ov | /ned | | | | |
| Date | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | (Instr. 3 and 4) | | | | (instr. 4) | | |
| Common Stock 01/2 | | | | | 01/26/2021 | | | | Α | | 829(1 | 1) | Α | \$ <mark>0</mark> | 2,91 | 8(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 D if any (Month/Day/ | ate, | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Ye | | te | Secu Deriv | 7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s illy g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) | (D) | Date Exercisa | | Expiration N | | | Amount or Number of Shares | | (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.

Remarks:

Richard Stout, by power of attorney for Jeffrey W. Henderson 01/28/2021

** 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.