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

| Name and Address of Reporting Person* Fraser Claire | | | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] | | | | | | | | | | tionship of R all applicab Director | eporting Person(s) to Issuer e) 10% Owner | | | /ner |
|---|---------|------------------|-------------------------------|-----------------------|---|--|------------------|---|--------------------|-------|---|-------------------------------------|-----------------------------|--|--|---|--|--|----------|
| (Last) | (First) | (Mi | ddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2022 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | pecify | |
| C/O BECTON, DICKINSON AND COMPANY | | | | | 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 | 417 | | | | | | | | | | | | | • | • | ng Person ne Reportin | g Person |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deri | ivativ | e Se | curitie | s Acqı | uired, l | Disp | osed of, | or E | Benefi | cially Ow | ned | | | | |
| Date | | | | onth/Day/Year) if any | | Execution Date, | | | | | curities Acquired (A) or esed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 and | | | | (Instr. 4) | | |
| Common Stock 02/0 | | | | | 08/2022 | | | | S | | 841 | | D | \$271.7 | 21,556(1) | | | 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) if any (Month/Day/ | | | ate, Transaction Code (Instr. | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | 7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(| e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Evaluation of Popperson | | (| Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | | |

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

Richard Stout, by power of attorney for Claire Fraser-Liggett

02/10/2022

** Signature of Reporting Person

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.