FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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hours per response:	0.5							

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     Brown William M		2. Date of Event Re Statement (Month/I 02/28/2022		3. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ]							
(Last) C/O BECTON, 1 BECTON DR  (Street) FRANKLIN LAKES  (City)		(Middle) ND COMPANY  07417  (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner 10% Owner Other (spec below)	ify	(Mont 6. Indi Applio	th/Day/Year) ividual or Joint/cable Line) Form filed by	e of Original Filed  Group Filing (Check  One Reporting Person  More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					nt of Securities Ily Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securities Uperivative Security (Instr. 4)		Underlying	Convers or Exerc		5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivat Securit	ive (	Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

Richard Stout, by power of attorney for William M. Brown

03/01/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).