FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* Byrd Richard		St	Date of Event Reatement (Month/		3. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX]						
(Last) BECTON, DIC	(First) KINSON AND ((Middle)	_		(Check	ionship of Reporting Person(s all applicable) Director Officer (give title	s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year) 09/14/2022		
1 BECTON DRIVE (Street)					X below) EVP & Preside		below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
FRANKLIN LAKES	NJ	07417							Form filed by Person	More than One Reporting	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						t of Securities lly Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						3,750(1)	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	Derivative Security (Instr. 4) Conver		Convers or Exerc	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivativ Security	. [, ,			

Explanation of Responses:

1. Includes restricted stock units awarded under the Becton, Dickinson and Company 2004 Employer and Director Equity-Based Compensation Plan that were omitted from the reporting person's original Form 3 filing.

Donna Kalazdy, by power of attorney for Richard Byrd

** Signature of Reporting Person Date

10/20/2022

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).