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* ECKERT R ANDREW | | | | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] | | | | | | | | | itionship of F all applicab | | Person | (s) to Issuer | vner |
|--|---|--|---|---------|---|---|--|-------|--|------|--|------------------|---------------|---|--|-----------------------------|---|--|--|
| (Last) | (First) | ` | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2023 | | | | | | | | | Officer (g | ive title | | Other (s | | |
| C/O BECTON, DICKINSON AND COMPANY | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FRANKLIN LAKES | NI 07/417 | | | | | | | | | | | | X | Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or E | 3enefi | cially Ow | /ned | | | | |
| Date | | | | | e Exe | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | Securities Beneficiall Following | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (Instr. 4) |
| Common Stock 01/2 | | | | | | D23 A 848 ⁽¹⁾ A \$0 6, | | 6,99 | 992 ⁽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 Di if any (Month/Day/ | ate, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | te | Securities Under | | derlying curity | 8. Price of Derivative Security (Instr. 5) | ve derivativ / Securitie | es Own es Form ally Dire or li g (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | on(s) | | |

Explanation of Responses:

- 1. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- $2. \ Includes \ units \ acquired \ through \ dividend \ reinvestment \ since \ the \ last \ report \ filed \ by \ the \ reporting \ person.$

Donna Kalazdy, by power of attorney for R. Andrew Eckert

01/26/2023

** 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.