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

1. Name and Address of Reporting Person*  SOMMER ALFRED					2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First		Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2005								X	Director Officer (give title below)			10% Owner Other (specify below)		
C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE					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	(	07417											Form filed	d by More	than O	ne Reportin	g Person	
(City)	(State	e) (.	Zip)																
		1	able I - Non	ı-Deriv	ative S	ecuriti	es Acc	quired, C	Disp	osed of	, or B	enefic	ially Ow	ned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			uired (A) (Instr. 3, 4		5. Amount Securities Beneficially Following	ly Owned or In Reported (Inst		Direct (D) irect (I)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	mount (A) or (D)		Price	Transaction (Instr. 3 and				(Instr. 4)		
Common Stock 02/				02/01	/2005		A 1,200 <sup>(1)</sup> A		\$ <mark>0</mark>	2,410			D						
			Table II - D					ired, Dis						ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Cod	nsaction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour Securities Underly Derivative Securit 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisable		Expiration Date	Title	ľ	Amount or Number of Shares	mber		on(s)			
Rights to Common Stock Under 1996 Directors Deferral Plan	(2)	01/31/2005		A		407.17		(3)		(3)	Com Sto		407.17	\$56.18	10,566.	24	D		
Stock Option (right to buy)	\$56.15	02/01/2005		A		2,160		02/01/2006	(4) 0	02/01/2015	Com		2,160	\$0	2,160		D		

## Explanation of Responses:

- 1. Reflects restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- $2. \ \mbox{The securities convert to common stock on a one-for-one basis.}$
- 3. The securities are distributed following termination of the reporting person's service as a director, or on the date or dates specified by the reporting person.
- ${\it 4. The option vests in four equal annual installments beginning on February 1, 2006.}\\$

## Remarks:

Patricia Walesiewicz, by power of attorney for Alfred Sommer 02/02/2005

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.