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 * COHEN GARY M |  |  |   |        | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ] |      |  |       |  |      |                         |  |                  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner |   |  |  |  |  |
|--|--|--|---|--------|---|------|--|-------|--|------|-------------------------|--|------------------|---|---|--|--|--|--|
|  | <b>*</b>   | (M<br>SON AND COM                          | fiddle)   |        | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2005               |      |  |       |  |      |                         |  |                  | X   | Officer (gi<br>below)   |  | title Other (specify below)  dent - BD Medical |  | pecify   |
| 1 BECTON DRIVE  (Street) FRANKLIN LAKES  07417         |  |  |   |        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |      |  |       |  |      |                         |  |                  | 6. Indiv  | ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |  |
| (City)   | (State)  | (Z   | ip)   |        |   |      |  |       |  |      |                         |  |                  |   |   |  |  |  |  |
|  |  | Ta   | able I - Nor  | n-Deri | vative  | e Se | curitie  | s Acq | uired, [   | Disp | osed of,                | or Be  | enefic           | ially Ow  | ned   |  |  |  |  |
| I made of occurry (mounts)                             |  |  |   |        | 2. Transaction<br>Date<br>(Month/Day/Year)                                |      | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |       | Transaction Disposed Code (Instr.                              |      | 4. Securiti<br>Disposed |  |                  |   | 5. Amount of Securities Beneficially Following F  | y Owned or li<br>Reported (Ins   |  | nership<br>Direct (D)<br>irect (I)<br>4)                                 | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |  |   |        |   |      | Code   | v     | Amount   |      | A) or<br>D)             | Price  | (Instr. 3 and 4) |   |   |  | (111301.4)                                     |  |  |
| Common Stock   |  |  |   | 11/2   | 11/21/2005  |      |  |       | Α  |      | 4,135                   | (1)  | A                | <b>\$0</b>  | 45,062  |  |  | D  |  |
| Common Stock   |  |  |   |        |   |      |  |       |  |      |                         |  | 14,038           |   |   | I  | SIP<br>Trust <sup>(2)</sup>                    |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |        |   |      |  |       |  |      |                         |  |                  |   |   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security (Instr.<br>3)    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Ye | te, Tr | Code (Instr.  |      | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr. 3,<br>4 and 5) |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |      |                         | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                  |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |   | Co     | ode \   | v    | (A)  | (D)   | Date<br>Exercisab  |      | Expiration<br>Date      | Title  |                  | Amount<br>or<br>Number<br>of Shares   |   | (Instr. 4)   |  |  |  |
| Stock<br>Appreciation<br>Right                         | \$59.155   | 11/21/2005                                 |   |        | A   |      | 21,353   |       | 11/21/2000   | 6(3) | 11/21/2015              | Com  |                  | 21,353  | \$0   | 21,35  | 3  | D  |  |

## **Explanation of Responses:**

- 1. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- 2. Represents shares of common stock held under the Becton, Dickinson and Company Savings Incentive Plan (the "SIP"). The information presented for the SIP is as of October 31, 2005.
- 3. The stock appreciation right vests in four annual installments beginning November 21, 2006.

## Remarks:

Patricia Walesiewicz, by power of 11/23/2005 attorney for Gary M. Cohen

\*\* 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.