## FORM 5

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 3 Holdin	gs Reported. actions Reporte	ed.					) of the Securi Investment Co											
1. Name and Address of Reporting Person *  COHEN GARY M				- 1	2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) C/O BECTO!	(First)	) (M SON AND COM	ліddle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2006							X Officer (give title Other (specify below)  Executive Vice President						
1 BECTON DRIVE  (Street)				4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
FRANKLIN LAKES	NJ	0	7465	_														
(City)	(State		Zip)															
1. Title of Securit		vative Securities Acquired, Disposed of, or Beneficial  2A. Deemed 3. 4. Securities Acquired (A) or Disposed Of							ned  . Amount of		6. Ownership		lature of					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date (Month/Day/Ye	Executio ear) if any	Execution Date,		(Instr. 3, 4	4 and 5)	(A) or (D)	Price	E	Securities Beneficially On It end of Issue Siscal Year (In and 4)	er's	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)		
Common Stock			11/01/200	5			1	9	D	\$0		45,043		D				
Common Stock			12/13/200	5			1,4	14	D	\$0		43,629		D				
Common Stock			02/06/200	6			6,0	6,000		\$32.49		49,629		D				
Common Stock			04/11/200	04/11/2006		G	8	80		\$0		49,549		D				
Common Stock			04/13/200	6			1	16		\$0		49,533		D				
Common Stock		09/13/200	6			3	6	D	\$0		49,497		D					
Common Stoc	k											14,808		I	SII	P Trust <sup>(1)</sup>		
			Table II - De (e.				ired, Disp options, o					ed						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) e of vative	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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 Amou Securities Underl Derivative Securi 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	tive ties cially d ring ted	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares		(Instr.					
Common Stock	\$32.49	02/06/2006		M		6,000	11/27/2002 <sup>(2)</sup>	11/27/201	1 Com	mon Stock	6,000	\$0	77,	,308	D			

## Explanation of Responses:

- 1. 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, 2006.
- 2. The option became exercisable in four equal annual installments beginning on November 27, 2002.

## Remarks:

Patricia Walesiewicz, by power of 11/14/2006 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.