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* HANSON ALFRED JOHN | | | | | 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 | | | | | |
|--|---|--|---|-------------|---|---|--|---|--|---|-------------------------------------|------|---------------------------------------|---|---|--|--------------------|--|--|--|
| (Last) | (First) | (Mi | ddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/24/2006 | | | | | | | | X | Officer (g below) | • | | Other (s below) | pecify | | |
| C/O BECTON, DICKINSON AND COMPANY | | | | | | | | | | | | | | | Exc | ecutive V | ice Pı | resident | | |
| 1 BECTON DRIVE | | | | | 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 | | | | | | |
| (Street) | | | | | 11/20/2000 | | | | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Form filed by More than One Reporting Person | | | | | | |
| FRANKLIN LAKES | NJ | 07 | 07417 | | | | | | | | | | | | | , | | | 9 | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | ո-Deri | vativ | e Se | curitie | s Acq | uired, [| Disp | osed of, | or E | Benefi | cially Ow | ned | | | | | |
| Date | | | | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 11/2 | | | | | | 6 | | | F | | 2,518 ⁽¹⁾ D | | \$0 | 33,087 | | | 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 Da if any (Month/Day/ | ate, T | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | e See ear) De | | |) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V (A) (D) | | (D) | Date Exercisa | | Expiration Date Title | | | Amount or Number of Shares | | (Instr. 4) | | | | | | | |

Explanation of Responses:

1. Amended to increase by 840 shares the number of shares of BD common stock withheld for payment of taxes upon the vesting of performance units awarded on November 24, 2003, which was incorrectly disclosed as 1,678.

Remarks:

Patricia Walesiewicz, by power of 12/05/2006 attorney for Alfred John Hanson

** Signature of Reporting Person

Date

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 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).