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

| SCOTT BERTRAM L | | | | | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX] 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2010 | | | | | | | | | | all applicable Director Officer (g | 10% C ive title Other | | 10% Ow Other (s | · |
|--|--|--|--|--------|--|----|--|--|--|-------------------|------------------|--|--------------|-------------------------------------|--|---|---|---|---|
| (Last) (First) (Middle) C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv | below) below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) FRANKLIN LAKES | NJ | 07 | 7417 | | | | | | | | | | | | Form filed | d by More t | than O | ne Reporting | g Person |
| (City) | (State) | (Z | ip) | | | | | | | | | | | | | | | | |
| | | Ta | able I - Nor | า-Deri | vative | Se | curitie | s Acc | uired, D | isp | osed o | f, or E | Benefic | cially Ow | ned | | | | |
| Date | | | | | nsaction h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | | urities Acquired (A) or sed Of (D) (Instr. 3, 4 a | | | 5. Amount Securities Beneficially Following I | / Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount (A) or (D) | | | Price | Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) | |
| | 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 Dat if any (Month/Day/Yo | Co | Transaction Code (Instr. | | 5. Numb Derivati Securiti Acquire or Dispo of (D) (II 4 and 5) | ve es ed (A) osed nstr. 3, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Securi | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | s Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisabl | | kpiration ate | or Nu | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Rights to Common Stock Under 1996 Directors Deferral Plan | (1) | 07/30/2010 | | | A | | 273 | | (2) | | (2) | | nmon rock | 273 | \$68.8 | 8,114 ^{(:} | 3) | D | |

Explanation of Responses:

- 1. The securities convert to common stock on a one-for-one basis.
- 2. 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.
- 3. Includes units acquired through dividend reinvestment since the last report filed by the reporting person.

Remarks:

Patricia Walesiewicz, by power of 08/02/2010 attorney for Bertram L. Scott

** 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.