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

| Name and Address of Reporting Person      Mecklenburg Gary A   |                                    |                  |           |                    | 2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ] |  |  |   |                    |   |       |                     |   | itionship of F<br>all applicab<br>Director  |           | Person   | (s) to Issuer  | vner  |  |
|--|------------------------------------|------------------|-----------|--------------------|---|--|--|---|--------------------|---|-------|---------------------|---|---|-----------|--|--|---|--|
| (Last)   | (First)                            | ,                | ddle)     |                    | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2011               |  |  |   |                    |   |       |                     |   | Officer (g<br>below)  | ive title |  | Other (s<br>below)   | specify   |  |
| C/O BECTON, DICKINSON AND COMPANY  1 BECTON DRIVE  |                                    |                  |           |                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |  |  |   |                    |   |       |                     | 6. Indiv  |   |           |  |  |   |  |
| (Street)   |                                    |                  |           |                    |   |  |  |   |                    |   |       |                     |   | Form file   | d by More | than C   | ne Reportin  | g Person  |  |
| FRANKLIN<br>LAKES  | NJ                                 | 07               | 417       |                    |   |  |  |   |                    |   |       |                     |   |   |           |  |  |   |  |
| (City)   | (State)                            | (Zi <sub>l</sub> | o)        |                    |   |  |  |   |                    |   |       |                     |   |   |           |  |  |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |                                    |                  |           |                    |   |  |  |   |                    |   |       |                     |   |   |           |  |  |   |  |
| Date   |                                    |                  |           | e<br>nth/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |  | 3.<br>Transaction<br>Code (Instr.<br>8)               |                    | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 a |       |                     |   | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported<br>Transaction(s)<br>(Instr. 3 and 4)              |           | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4)        |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |                                    |                  |           |                    |   |  |  | Code  | v                  | Amount (A) or (D)   |       | Price               | (111501.4)  |   |           |  |  |   |  |
| Common Stock 02/0  |                                    |                  |           |                    | 1/201   | 1  |  |   | A                  |   | 1,798 | (1)                 | A   | \$0   | 12,5      | 546(2)   |  | D   |  |
| 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. 3)   | ve Conversion Date Execution Date, |                  | ate, T    | Code (Instr.       |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |  | 6. Date Exercis:<br>Expiration Date<br>(Month/Day/Yea |                    | Securities Underl<br>Derivative Securi<br>(Instr. 3 and 4)      |       | derlying<br>curity  | 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<br>(Instr. 4) |           | 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) |   |  |
|  |                                    |                  | Code V (A |                    | (A)   | (D)  |  |   | Expiration<br>Date | N   |       | Number<br>of Shares |   |   |           |  |  |   |  |

## **Explanation of Responses:**

- 1. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- 2. Includes units acquired through dividend reinvestment since the last report filed by the reporting person.

## Remarks:

Patricia Walesiewicz, by power of attorney for Gary A. Mecklenburg 02/03/2011

\*\* 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.