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* SHERMAN JEFFREY S					BEC	Issuer Name and Ticker or Trading Symbol     BECTON DICKINSON & CO [ BDX ]      Date of Earliest Transaction (Month/Day/Year)									ationship of R all applicab Director		Person(	s) to Issuer	vner
(Last)	(First)	(Mi	ddle)		3. Da			ransactio	on (Month	n/Day/	Year)			X	Officer (give title below)			Other (specify below)	
C/O BECTON, DICKINSON AND COMPANY															Sr. V	/P and G	enera	Counsel	
1 BECTON DRIVE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) FRANKLIN LAKES	NJ	07	417													,	•	ne Reportin	g Person
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - Noı	n-Der	ivativ	e Se	ecuritie	s Acq	uired, l	Disp	osed of,	or E	Benefi	cially Ov	/ned				
Date				ransaction e enth/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 Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(Instr. 4)	
Common Stock 11/2					25/2011			Α		1,095(1)		A	\$ <mark>0</mark>	29,8	330		D		
Common Stock 11/2.					25/2011		F		1,394(2)		D	\$ <mark>0</mark>	28,436			D			
Common Stock													343	343(3)		I	SIP Trust		
	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)	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 Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)			Expiration Date	OI N		Amount or Number of Shares		Transaction(s (Instr. 4)		"	

## Explanation of Responses:

- 1. Represents shares vesting under performance units granted on November 25, 2008.
- 2. Represents shares withheld for payment of withhelding taxes in connection with vesting of the performance units referred to in footnote (1) and the vesting of restricted stock units granted on November 25, 2008.
- 3. 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, 2011.

## Remarks

Patricia Walesiewicz, by power of attorney for Jeffrey S. Sherman 11/29/2011

\*\* 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.