SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	OMB Number:	3235-0287
HIP	Estimated average burden	
	hours per response:	0.5

OMB APPROVAL

1. Name and Address of Reporting Person <sup>*</sup> FORLENZA VINCENT A					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>BECTON DICKINSON &amp; CO</u> [ BDX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O BECTON	(First) , DICKINS	(M ON AND COM	iddle) PANY		3. Date of Earliest Transaction (Month/Day/Year) 11/05/2013								X	Officer (g below)			specify		
1 BECTON DRIVE				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANKLIN LAKES	NJ	07	07417										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zi	(Zip)																
		Та	ble I - Noi	n-Der	ivative	e Se	curities A	٩cq	uired,	Disp	osed of,	, or l	Benefi	cially Ov	vned				
Date			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Following	curities neficially Owned llowing Reported		ership Direct (D) ect (I) )	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock	Common Stock 11/			11/0	11/05/2013				G	v	500	500 D		\$ <mark>0</mark>	126,168		I	D	
Common Stock				11/0	06/2013				G	v	2,400	)	D	\$ <mark>0</mark>	123,768 D		D		
Common Stock				04/2	28/2014				G	v	4,500	)	D	\$ <u>0</u>	2,363 I		I	see footnote <sup>(1)</sup>	
Common Stock															12,687 I		By GRAT		
Common Stock															9,782 <sup>(2)</sup> I		I	SIP Trust	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date E Security (Instr. 3) or Exercise (Month/Day/Year) if		3A. Deemed Execution Da if any (Month/Day/	ate, Transaction Code (Instr.			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 Amour Securities Underly Derivative Security (Instr. 3 and 4)		derlying curity )	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction	e O es F ally D g (i	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
														Amount or		(Instr. 4)			

Date

Exercisable

Expiration

Title

Date

Explanation of Responses:

1. Represents shares held in account for benefit of reporting person and spouse. Includes certain shares formerly held in the grantor retained annuity trust that were distributed to the reporting person.

(A)

(D)

2. 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 August 31, 2014.

Code V

Remarks:

 
 Richard Stout, by power of attorney for Vincent A. Forlenza
 09/3

 \*\* Signature of Reporting Person
 Date

Number

of Shares

09/30/2014

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.