

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

| OMB APPROVAL                                 |           |
|--|-----------|
| OMB Number:                                  | 3235-0104 |
| Estimated average burden hours per response: | 0.5       |

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 *<br><u>Polen Thomas E Jr</u><br><hr/> (Last) (First) (Middle)<br><u>C/O BECTON, DICKINSON AND COMPANY</u><br><u>1 BECTON DRIVE</u><br><hr/> (Street)<br><u>FRANKLIN LAKES NJ 07417</u><br><hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br>10/01/2014 | 3. Issuer Name and Ticker or Trading Symbol<br><u>BECTON DICKINSON &amp; CO [ BDX ]</u>  |  |
|   |   | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>Director _____ 10% Owner _____<br>Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) _____<br><u>Segment President, Medical</u> | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock                    | 5,553 <sup>(1)</sup>                                  | D  |   |

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|--|--|---|
|  | Date Exercisable   | Expiration Date |   |  |  |   |
| Stock Appreciation Rights                  | 11/23/2011 <sup>(2)</sup>                                | 11/23/2020      | Common Stock  | 2,670  | 76.64  | D   |
| Stock Appreciation Rights                  | 11/22/2012 <sup>(3)</sup>                                | 11/22/2021      | Common Stock  | 5,958  | 72.12  | D   |
| Stock Appreciation Rights                  | 11/20/2013 <sup>(4)</sup>                                | 11/20/2022      | Common Stock  | 10,950   | 76.18  | D   |
| Stock Appreciation Rights                  | 11/26/2014 <sup>(5)</sup>                                | 11/26/2023      | Common Stock  | 11,094   | 108.89   | D   |

**Explanation of Responses:**

- Includes restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- The stock appreciation rights vest in four annual installments beginning November 23, 2011.
- The stock appreciation rights vest in four annual installments beginning November 22, 2012.
- The stock appreciation rights vest in four annual installments beginning November 20, 2013.
- The stock appreciation rights vest in four annual installments beginning November 26, 2014.

**Remarks:**

Richard Stout, by power of attorney for Thomas E. Polen, Jr. 10/10/2014  
 \*\* 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 5 (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.