FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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 *  KOZY WILLIAM A				2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	(First)		iddle)			3. Date of Earliest Transaction (Month/Day/Year) 11/22/2014									Director Officer (g below)	ive title	10% Owner Other (specify below)			
C/O BECTON, DICKINSON AND COMPANY															Executive Vice President					
1 BECTON DRIVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
FRANKLIN NJ 07417 LAKES														Form file	a by More	tnan Or	пе керопіп	g Person		
(City)	(State)	(Zi	p)																	
		Та	ble I - Nor	n-Deri	ivativ	e S	ecuritie	s Acq	uired,	Disp	osed of,	or B	enefi	cially Ov	vned					
Date				h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 a			nd 5) Securities Beneficiall Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 1				11/2	22/2014				A		14,036(1)		A	\$0	73,123			D		
Common Stock 11				11/2	/22/2014				F		10,619	(2)	D	\$0	62,504			D		
Common Stock													44,2	44,224		I	By wife			
Common Stock														6,556			I	by GRAT		
Common Stock														11,925(3)			I	SIP Trust		
			Table II - [								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) f ive	3A. Deemed Execution Da if any (Month/Day/\)	ate,	4. Transaction Code (Instr. r) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		te	7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(A) (D)		Date Exercisable		oi N		Amount or Number of Shares		Transaction (Instr. 4)	on(s)			

## Explanation of Responses:

- $1.\ Represents\ shares\ vesting\ under\ performance\ units\ granted\ on\ November\ 22,\ 2011.$
- 2. Represents shares withheld for payment of withholding taxes in connection with vesting of the performance units referred to in footnote (1) and the vesting of restricted stock units granted on November 22, 2011.
- 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, 2014.

## Remarks:

Richard Stout, by power of attorney for William A. Kozy

11/25/2014

\*\* 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 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.