FORM 3

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

Washington, D.C. 20549

OMB APPROVAL							
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## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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* <u>ECKERT R ANDREW</u>		2. Date of Event Re Statement (Month/I		3. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [ BDX ]							
(Last) C/O BECTON, 1 BECTON DR  (Street) FRANKLIN LAKES  (City)		(Middle) ND COMPANY  07417  (Zip)	3,120,120,13			ionship of Reporting Person(s all applicable) Director Officer (give title below)	) to Issuer 10% Owner Other (spec below)	ify	Applicable Line)  X Form filed to	ate of Original Filed  //Group Filing (Check by One Reporting Person by More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					nt of Securities Ily Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						11	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 a Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conver		Convers	cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivati Security	ive (Instr. 5)			

Explanation of Responses:

Remarks:

Richard Stout, by power of attorney for R. Andrew Eckert

09/27/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).