FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CHANGE COMMISSION	OMB APP	ROVAL		
	OMB Number:	3235-		

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* Polen Thomas E Jr					2. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O BECTON	(First)	(N SON AND COM	fiddle)			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2017							X	Officer (gi		Other (specify below)		-	
1 BECTON DRIVE (Street) FRANKLIN NJ 07417				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)) (Z	ip)																
		Ta	able I - Nor	n-Der	ivativ	re S	ecuritie	s Acq	uired, l	Disp	osed of,	or Bene	ficia	ally Ow	ned				
Date			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficially Following F		y Owned Form or Inc Reported (Instr		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	F	Price	(Instr. 3 and 4)				(instr. 4)
Common Stock				11/2	1/25/2017				A		3,606	(1) A		\$ <mark>0</mark>	12,815			D	
Common Stock 11/2				25/2017				F		3,540	(2) D		\$ <mark>0</mark>	9,2	75 D		D		
Common Stock 11/2				/26/2017				A		3,337	(3) A		\$ <mark>0</mark>	12,612			D		
	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		3A. Deemed Execution Date if any (Month/Day/Ye:	te, T	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 Securities Derivative (Instr. 3 an	Unde Secu	rlying	ying Derivative		er of e s ally g d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A) (D)	Date Exercisat	ole	Expiration Date	Title	O N	mount r lumber f Shares	(Instr.					
Stock Appreciation Rights	\$226.28	11/26/2017			A		31,986		11/26/201	8(4)	11/26/2027	Common Stock		31,986	\$0	31,98	36	D	

Explanation of Responses:

- 1. Represents shares vesting under performance units granted on November 25, 2014.
- 2. Represents shares withheld for payment of withhelding taxes in connection with (A) vesting of the performance units referred to in footnote (1) and (B) the vesting of restricted stock units as previously reported on Table I.
- 3. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- 4. The stock appreciation rights vest in four annual installments beginning November 26, 2018.

Remarks:

Richard Stout, by power of attorney for Thomas E. Polen, Jr.

11/27/2017

** 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.