FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02      |     |  |  |  |  |  |  |  |
| 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*  RING TIMOTHY M   |   |  |  |             | BE                              | Issuer Name and Ticker or Trading Symbol     BECTON DICKINSON & CO [ BDX ]      Date of Earliest Transaction (Month/Day/Year) |          |   |          |  |          |                          |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner     |  |  |   |            |  |
|--|---|--|--|-------------|---------------------------------|---|----------|---|----------|--|----------|--------------------------|---|--|---|--|--|---|------------|--|
| (Last)   | (First)   | (Mi  | ddle)  |             |                                 | 12/29/2017  |          |   |          |  |          |                          |   |  | Officer (give title below)  |  | Other (s<br>below)   |   | specify    |  |
| C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE   |   |  |  |             | 4. If A                         | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |          |   |          |  |          |                          |   |  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |  |  |   |            |  |
| (Street)<br>FRANKLIN<br>LAKES  | NJ  | 07   | 417  |             |                                 |   |          |   |          |  |          |                          |   |  | Form filed by More than One Reporting Per   |  |  | g Person  |            |  |
| (City)   | (State)   | (Zi <sub>l</sub>                           | o)   |             |                                 |   |          |   |          |  |          |                          |   |  |   |  |  |   |            |  |
|  |   | Та   | ble I - Nor  | n-Deri      | ivativ                          | e S   | ecuritie | s Acq   | uired, l | Disp   | osed of, | or I                     | Benefi  | cially Ov  | /ned  |  |  |   |            |  |
| Date   |   |  |  | h/Day/Year) |                                 | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)   |          |   |          | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 ar             |          |                          |   | 5. Amount<br>Securities<br>Beneficially<br>Following F | Owned   | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4)        |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |
|  |   |  |  |             |                                 |   |          |   | Code     | v  | Amount   |                          | (A) or<br>(D)   | Price  | Transaction(s)<br>(Instr. 3 and 4)  |  |  |   | (111501.4) |  |
| Common Stock 12/29   |   |  |  | 29/2017     |                                 | A   |          | 65(1)   |          | A  | \$0      | 181,168                  |   |  | D   |  |  |   |            |  |
| Common Stock   |   |  |  |             |                                 |   |          |   |          |  |          |                          |   | 40   | 7   |  |  | By<br>Children <sup>(2)</sup>                                     |            |  |
| Common Stock   |   |  |  |             |                                 |   |          |   |          |  |          | 1,98                     | 1,988   |  |   | 401(k)<br>Plan   |  |   |            |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |             |                                 |   |          |   |          |  |          |                          |   |  |   |  |  |   |            |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/N | rear)       | 4.<br>Transac<br>Code (In<br>8) |   |          | 6. Date I<br>Expiration (Month/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |          | xpiration  Securities Underly Derivative Securit (Instr. 3 and 4)  Am or Nur |          | derlying curity ) Amount | 8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transacti (Instr. 4) |  | e<br>s<br>lly   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |            |  |

## Explanation of Responses

- 1. Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- 2. The reporting person disclaims beneficial ownership of the shares held by his children and this report should not be deemed an admission that the reporting person is the beneficial owner of his children's shares for purpose of Section 16 or for any other purpose.

## Remarks:

Richard Stout, by power of attorney for Timothy M. Ring

01/03/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.