SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB Number: Estimated average burden hours per response:

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 [*] Jones Christopher Ian Montague | | | | r Name and Ticker of TON DICKIN | | | | | ionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | | | |
|--|---------|----------------|------------------------------|--|--------|----------------|---|----------------------------|---|---|---|---|--|--|
| (Last) | (First) | 3. Date 02/09/ | of Earliest Transaction 2018 | on (Mont | h/Day/ | Year) | | Officer (give title below) | Other (below) | specify | | | | |
| C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) FRANKLIN LAKES | NJ | 07417 | | | | | | | | Form filed by More | than One Reporti | ng Person | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | saction /Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction nstr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code V | | Amount (A) or (D) P | | Price | (Instr. 3 and 4) | | (Instr. 4) | | |

| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Rights to Common Stock Under 1996 Directors Deferral Plan | (1) | 02/09/2018 | | А | | 100 | | (2) | (2) | Common Stock | 100 | \$242.94 | 6,099 ⁽³⁾ | D | |

Explanation of Responses:

1. The securities convert to common stock on a one-for-one basis.

2. The securities are distributed following termination of the reporting person's service as a director, or on the date or dates specified by the reporting person.

3. Includes rights acquired through dividend reinvestment since the last report filed by the reporting person.

Remarks:

Richard Stout, by power of attorney for Christopher Jones

** Signature of Reporting Person

02/13/2018

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.

