FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

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

Name and Address of Reporting Person* Byington Carrie L			2. Date of Event Re Statement (Month/ 10/21/2021	_ ' " .	3. Issuer Name and Ticker or Trading Symbol BECTON DICKINSON & CO [BDX]							
(Last) C/O BECTON, 1 BECTON DR (Street) FRANKLIN LAKES (City)	(First) DICKINSON AI IVE NJ (State)	(Middle) ND COMPANY 07417 (Zip)	10/21/2021			ionship of Reporting Person(s all applicable) Director Officer (give title below)	s) to Issuer 10% Owner Other (specification)		6. Inc	ath/Day/Year) dividual or Joint/dicable Line) Form filed by	e of Original Filed Group Filing (Check One Reporting Person More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				1		t of Securities Ily Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conver or Exer Price o Derivat	rsion rcise f tive	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	Title		or Number of Shares	Security					

Explanation of Responses:

Remarks:

Richard Stout, by power of attorney for Carrie L Byington

10/25/2021

** 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.

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