STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

BECTON DICKINSON & CO

Form 4

November 30, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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response... 0.5

Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** COHEN GARY M	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
	BECTON DICKINSON & CO [BDX]			
(Last) (First) (Middle) C/O BECTON, DICKINSON AND	3. Date of Earliest Transaction (Month/Day/Year) 11/26/2015	Director 10% Owner _X Officer (give title Other (specify below) Executive Vice President		
COMPANY, 1 BECTON DRIVE		2.10040.10 1.100.1.100.100.10		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
FRANKLIN LAKES NI 07417	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		

FRANKLIN LAKES, NJ 07417

(City)	(State) (Z	Zip) Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		or	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	(Mondif Buj Tear)	any			Code Disposed of (D)			(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	(A) or	,	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	11/26/2015		Code V A	Amount 1,278 (1)	(D)	Price \$ 0	75,802	D	
Common Stock							2,880	I	By children
Common Stock							18,253 <u>(2)</u>	I	SIP Trust

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

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Person

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displays a currently valid OMB control number.

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)	4. Transactic Code (Instr. 8)	5. Number of corderivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Rights	\$ 150.12	11/26/2015	A	16,514	11/26/2016(3)	11/26/2025	Common Stock	10

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

COHEN GARY M C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE FRANKLIN LAKES, NJ 07417

Executive Vice President

Signatures

Richard Stout, by power of attorney for Gary M. Cohen

11/30/2015

Date

**Signature of Reporting Person

Person

Explanation of Responses:

- * 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).
- (1) Represents restricted stock units awarded under the Becton, Dickinson and Company 2004 Employee and Director Equity-Based Compensation Plan.
- (2) Represents shares of common stock held under the Becton, Dickinson and Company Savings Incentive Plan (the "SIP"). The information presented for the SIP is as of October 31, 2015.
- (3) The stock appreciation rights vest in four annual installments beginning November 26, 2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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