FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ngton, D.C. 20549 | OMB APPROVAL |
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| | |

| OMB Number: | 3235-0287 | | | | |
|-------------------------|-----------|--|--|--|--|
| Estimated average burde | n | | | | |
| 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* PRESTON MARGARET M V | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | Relationship eck all appli X Direct | cable) | Person(s) to Iss | | |
|---|---|----------------------|--|---------------------------------|--|--|---|---|---|-----------|---|-------------|-------------------------|---|---|---|--|--|
| (Last) | ` | irst) OMPANY, INC | (Middle) ORPORATEI | - 10 | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2017 Officer (give title below) | | | | | | | | | | | | (specify | |
| 18 LOVETON CIRCLE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | 5 M | ID | 21152 | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | |
| | | Ta | able I - Non- | -Deriva | tive S | ecuritie | es A | cquired, | Disp | osed | of, or | Bene | ficiall | y Owned | | | | |
| Date | | | | 2. Transac Date (Month/Da | | Execution if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | v | Amoun | | A) or D) | Price | Reporte Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| Common Stock - Voting | | | | | | | | | | | | | | 23,132 | | D | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | 8 | ,055 | D | | |
| | | | Table II - D | | | | | quired, D s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | and 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | e V | (A) | (D) | Date Exercisable | | opiration | Title | or Nu | nount mber Shares | | (Instr. 4) | (3) | | |
| Phantom Stock | (1) | 07/27/2017 | | J | v | 45.9565 | | (1) | | (1) | Commo Stock - Voting | 45 | .9565 | \$93.95 | 9,232.3551 ⁰ | (2) I | Deferred Compensation Plan | |

Explanation of Responses:

- Dividend Reinvestment
- 2. This number reflects an upward adjustment of 29.9602 shares of voting shares held indirectly by the Reporting person due to an administrative error on a previous Form 4.

Remarks:

Jason E. Wynn, Attorney-in-fact 08/31/2017

** 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.