FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNE	RSHIP
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

obligations may continue. See Instruction 1(b). 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. Is M(2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC]									(Che	elationship eck all appli	cable)	Reporting Person(s) to ble)		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024										Officer below)	(give title		Other (s	specify
MCCORMICK & COMPANY, INCORPORATED 24 SCHILLING ROAD, SUITE 1			TED	4. If	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 Form filed by More than One Reporting				
(Street) HUNT VALLEY MD 21031					Person Person												rung			
					Rule 10b5-1(c) Transaction Indication															
(City)	(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Nor	-Deriv	ative	Se	curitie	s Ac	qui	ired, l	Disp	osed o	of, or	Bene	eficiall	y Owne	d			
Da				2. Transa Date (Month/I	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		, ·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	4 and Securities Beneficial Owned Fo		es Form ially (D) o Following (I) (II		7. Nature of Indirect Beneficial Ownership
									Ī	Code	v	Amount	nount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock - Voting															98,8	98,863.688		D		
Common Stock - Non Voting															13,0	13,059.205		D		
		Т	able II - I									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)				Date,		ransaction of Code (Instr. Derivative			Exp	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative (Instr. 3 and				nt of ties ying tive Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i i ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date	e ercisable		xpiration ate	Title	OI N O	umber					
Phantom Stock	(1)									(1)		(1)	Comm Stock Votin	-	0		27,649.5	548	I	Non Qualified Retirement Savings Plan
Restricted Stock Units	(2)	03/27/2024			A		1,344			(3)		(3)	Comm Stock Votin	- 1	1,344	\$0	1,344	ļ	D	
Optgions - Right to	\$76.03	03/27/2024			Α		3,732			(4)		(4)	Comm		3,732	\$0	3,732		D	

Explanation of Responses:

- 1. Each share of phantom stock represents the right to receive one share of Common Stock Voting. Shares of Phantom Stock are payable in shares of Common Stock Voting in accordance with the terms of the Non-Qualified Retirement Savings Plan.
- 2. The Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 3. The Restricted Stock Units vest in full on 3/15/2025 and are settled in an equal number of shares of McCormick stock
- 4. The options vest in full on 3/15/2025.

Jason E. Wynn, Attorney-in-03/29/2024

** 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.