FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								
- 1	nours per response.	0.5								

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* Foley Brendan M						2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [ MKC ]								eck all applic Directo	ationship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ov Other (s	ner
(Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 04/23/2018								below)	.0	below) Global Consumer		респу
(Street) SPARKS MD 21152					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	tate) 	(Zip) ble I - N	lon-De	rivativ	ve Se	ecurities	s Ac	auirea	d. Di	isposed o	of. or Be	neficially	/ Owned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					action	ion 2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock - Voting 04/23/2						)18			J <sup>(1)</sup>	V	17.834	A	\$103.687	3,573	.834(2)		D	
Common Stock - Non Voting 04/23/2					3/2018	)18			J <sup>(1)</sup>	V	0.256	A	\$103.689	51.	256 <sup>(2)</sup>		D	
			Table II								posed of converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  3A. Deeme Execution if any (Month/Day		n Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/)		ate	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ve es ially ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transaction(s)			
Phantom Stock	(1)	04/23/2018			J	v	2.7255		(1)		(1)	Common Stock - Voting	2.7255	\$103.77	559.028	31	I	Non Qualified Retirement Savings Plan
Phantom Stock	(3)	05/01/2018			A		12.8572		(3)		(3)	Common Stock - Voting	12.8572	\$104.7	571.885	54	I	Non Qualified Retirement Savings

## **Explanation of Responses:**

- 1. Dividend Reinvestment
- 2. This amount reflects 51 shares that were inadvertently reported as Common Stock Voting shares on a previous report and are now reporated correctly as Common Stock -Non-Voting shares.
- 3. 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.

## Remarks:

Jeffery D. Schwartz, Attorney-

05/03/2018

Plan

in-Fact

\*\* 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.