FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C | 20549 |
|---------------|------|-------|
| vvasiliigion, | D.C. | 20040 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average bu | rden | | | | | | | | | |

0.5

Qualified Retirement

Savings Plan

D

hours per response:

| 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

| 1. Name and Address of Reporting Person* PRESTON MARGARET M V | | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | all applica Director | ble) | Persor | n(s) to Issu | ier |
|---|---|--|---|---------|--|--|--|---|------------------------------|---|---------------------|---|---|--|---------------------------------------|---|---|--|---|
| | MICK & C | First) COMPANY, INC | (Middle) | ΓED | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2021 | | | | | | | | | Officer (give title below) | | Other (speci below) | | pecify |
| 24 SCHILLING ROAD, SUITE 1 (Street) | | | | _ 4 | 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 | | | | | | |
| HUNT VALLEY MD 21031 | | | | | | | | | | | | | Λ | Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | T | able I - N | on-Der | rivat | ive S | Securitie | es Ac | quired | l, Di | sposed of | , or Ber | nefici | ally C | Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transacti Date (Month/Day | | /Year) Exec | Execution if any | A. Deemed execution Date, any Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | (A) or 3, 4 and | d 5) | | urities eficially ned Following | | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock - Voting 01/ | | | 01/1 | 1/2021 | | | | J (1) | V | 244.615 | A | \$94. | 7043 | 76,30 | 04.139 | | D | | |
| Common | ommon Stock - Voting 01/29/ | | | 9/202 | 21 | | | M | | 5,000 | A | \$2 | 3.7 | 81,30 | 4.139 | | D | | |
| Common Stock - Voting 01/29/ | | | 9/202 | 21 | | | F | | 1,284 | D | \$92 | .325 | 80,02 | 0.139 | | D | | | |
| Common Stock - Non Voting 01/11/2 | | | | 1/202 | 21 | | | J (1) | V | 47.96 | A | \$94. | 7043 | 14,896.728 | | D | | | |
| | | | Table II | | | | | | | | oosed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, T | Code (Instr | | | | 6. Date Expirat (Month | tion D | | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | ties ng e Securi | Derivative Security | | 9. Number derivative Securities Beneficial Owned Followin Reported Transact | e Ownersh s Form: ally Direct (D) or Indirect g (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | | | | | | | | 1 | | Amou | ınt | | (Instr. 4) | | | |

Date Exercisable

(1)

03/30/2012

Expiration

03/29/2021

Title

Common Stock-

Voting

Stock -Voting

Date

Explanation of Responses:

\$23.7

- 1. Dividend Reinvestment.
- 2. Option exercised.

Remarks:

Stock

Options -

Right to

Jason Wynn, Attorney-in-fact

Number

of Shares

86.9365

5,000

\$93.63

\$0⁽²⁾

24,027.6925

0

02/01/2021

** Signature of Reporting Person Date

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

01/11/2021

01/29/2021

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.

(A)

86.9365

Code

M

(D)

5,000

^{*} 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).