FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
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0.5

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	Check this box if no longer subject to Section 16. Form 4 or Form 5
J	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 ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
	MICK & C	OMPANY, INC	(Middle) ORPORAT		3. Date of Earliest Transaction (Month/Day/Year) 03/30/2016											er (give title w)	Other below	(specify )			
18 LOVETON CIRCLE  (Street)  SPARKS MD 21152					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(S		(Zip)																		
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/				saction	n (ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		te,	3. 4. Se Transaction Code (Instr. 5)		4. Secu Dispos	curities Acquired (A) sed Of (D) (Instr. 3, 4			or and Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	٧	Amoun	t (I	) or ))	Price		action(s) 3 and 4)						
Common	Stock - Vot	ting												20,620							
Common Stock - Non Voting									Ш							6,563	D				
			Table II -	Deriva (e.g., p	itive outs,	Sec call	urities s, war	Ac ran	quii	ed, Di	ispo s. co	sed o	f, or B	enefic curiti	cially ies)	Owne	I				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	I 4 Date, T	I. Fransa Code (I	ection	5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year)			_	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exe	e rcisable	Exp Dat	oiration e	Title	Amo or Num of Shar							
Phantom Stock	(1)									(1)		(1)	Commo Stock - Voting	1 (	)		8,659.6803	I	Deferred Compensation Plan		
Restricted Stock Units	(2)	03/30/2016			A		1,020			(3)		(3)	Commo Stock - Voting	1,0	)20	\$0	1,020	D			
Options - Right to Buy	\$99.92	03/30/2016			A		5,000			(4)	03/2	29/2026	Commo Stock - Voting	5,0	000	\$0	5,000	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 Comon Stock Voting in accordance with the terms of the Deferred Compensation Plan.
- $2. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ Common \ stock.$
- $3. \ The \ restricted \ stock \ units \ vest \ in \ full \ on \ 3/15/2017, \ and \ are \ settled \ in \ an \ equal \ number \ of \ shares \ of \ Common \ Stock.$
- 4. The option vests in full on 3/15/2017.

## Remarks:

Jason E. Wynn, Attorney-in-

04/01/2016

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.