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								

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 an		2. Issuer Name <b>and</b> Ticker or Trading Symbol MCCORMICK & CO INC [ MKC ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
FICEST	OIN MIAI	MARGARET M V											X Director		10%		L0% O	wner		
						3. Date of Earliest Transaction (Month/Day/Year) 01/13/2006										er (give w)	e title		Other (specify below)	
18 LOVETON CIRCLE					4. If Amondment, Date of Original Filed (Month/Dev/Moor)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) SPARKS MD 21152			2	-   4.1	Line) X Form filed by One										y One Re					
(City)	(St	ate) (	Zip)																	
		Tabl	eI-	Non-Deriv	/ative	e Seci	uritie	s Ac	qui	red, [	Dispose	o b	f, or E	Benefic	ially Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				/ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, T	3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							c	Code	v	Amount	(	(A) or (D)	Price	Transaction (Instr. 3 and						
Common	Stock - Vot	ing													1,044		D	D		
Common	Stock - Vot	ing		01/13/20	06				A		38.898		A	\$30.85	2,226.662		I Deferred Compensation Plan			pensation
		Та	ble	II - Derivat (e.g., p							sposed (									
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Price of Derivative Security   Execution Date, if any (Month/Day/Year)   Symptotic Security   Execution Date, if any (Month/Day/Year)				4. Trans Code 8)		5. Numof of Operive Securion Acquired (A) or Disposof (D) (Instrand 5	ative rities ired osed	Exp (Mo	iration nth/Da	Securities Underlying Derivative Security (Inst and 4)  Amou or Numb of			nt of ties lying tive ty (Instr. 3	Derivative Security (Instr. 5)  3  Derivative Security (Instr. 5)  Owne Follow Report Trans (Instr. 1)		rities Form ficially Direc ed or Inc wing (I) (In rted eaction(s)		(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

W. Geoffrey Carpenter, Attorney-in-fact 01/17/2006

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).