FORM 4

obligations may continue. See Instruction 1(b).

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 OWNERSHIP

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

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* <u>HRABOWSKI FREEMAN A III</u>						2. Issuer Name and Ticker or Trading Symbol  MCCORMICK & CO INC [ MKC ]										Relationship of Reporting Person(s) to (Check all applicable)     X Director 10%							
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023											(give title		Other (sbelow)	specify		
	24 SCHILLING ROAD,					4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable						
SUITE 1	SUITE 1																Line) X Form filed by One Reporting Person						
(Street) HUNT VALLEY MD 21031													Form filed by More than One Reporting Person										
					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 - Noi	n-Deriv	ative	Se	curitie	s Ac	cqu	ıired,	Disp	osed o	of, or	3en	eficial	ly Own	ed						
Date				2. Trans Date (Month/		ar)	2A. Deemed Execution Date, if any (Month/Day/Year			3. Transac Code (li 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Secur Benef Owne	Amount of curities eneficially wned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V		Amount				(A (D	(A) or (D)		Trans	Reported Transaction(s) (Instr. 3 and 4)									
Common Stock - Voting																102,852		52.835		D			
Common	Stock - No	n Voting				$\top$										5,13		3.246		D			
		Т	able II -									sed of onverti				Owne	d	,					
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/Da	Date,	4. Transaction Code (Instr 8)				Ex	Date Exe piration onth/Day	Date		Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securitie		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da:	ite ercisabl		xpiration ate	Title		Amount or Number of Shares								
Phantom Stock	(1)									(1)		(1)	Comm Stock Votin	-	0			25,480.1	48	I	Non Qualified Retirement Savings Plan		
Restricted Stock Units	(2)	03/29/2023			A		1,255			(3)		(3)	Comm Stock Votin	-	1,255	\$0		1,255		D			
Options - Right to	\$81.79	03/29/2023			Α		3,101			(4)		(4)	Comm		3,101	\$0		3,101		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 3/15/2024 and are settled in an equal number of shares of McCormick stock
- 4. The options vest in full on 3/15/2024.

Jason E Wynn, Attorney-in-

03/31/2023

\*\* 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.