FORM 4

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

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN BEI	NEFICIAL	<b>OWNERSHIP</b>
• ., = =	•	J J			• • • • • • • • • • • • • • • • • • • •

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average bi	urden										
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 and Address of Reporting Person*  Conway Michael Aaron  (Last) (First) (Middle)  24 SCHILLING ROAD  SUITE 1  (Street)  HUNT VALLEY MD 21031  (City) (State) (Zip)					3. E 03/	2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [ MKC ]  3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)  Rule 10b5-1(c) Transaction Indication								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title Other (specify below)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
							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.													
		Tabl	le I - Nor	n-Deriv	vative	Se	curities	s Ac	qui	ired, [	Disp	osed o	of, or B	enefi	cially	Owned	ŀ			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					Execution Date,		, 1	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							-	Code	v	Amount	t (A) or P		rice	Transac	ransaction(s) nstr. 3 and 4)					
Common Stock - Voting										14	14,031		D							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		S (I	. Price of derivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	e ercisable		opiration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(1)	03/29/2023			A		1,255			(2)		(2)	Common Stock - Voting	1,2	55	\$0	1,255		D	
Options- Right to Buy	\$81.79	03/29/2023			A		3,101			(3)		(3)	Common Stock - Voting	3,1	01	\$0	3,101		D	

## **Explanation of Responses:**

- 1. The Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 2. The Restricted Stock Units vest in full on 3/15/2024 and are settled in an equal number of shares of McCormick stock.
- 3. The options vest in full on 3/15/2024.

Jason Wynn, Attorney-in-Fact 03/31/2023

\*\* Signature of Reporting Person

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.