FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF          | OMB APPROVAL |  |  |  |  |  |  |
|------------------|--------------|--|--|--|--|--|--|
| <br>OMB November | 2225 222     |  |  |  |  |  |  |

OMB Number: 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 and Address of Reporting Person*  KELLY KENNETH A JR                |                                       |      |   |                 |   | 2. Issuer Name and Ticker or Trading Symbol  MCCORMICK & CO INC [ MKC ] |                  |                  |  |                         |                     |   |                           |                       | k all app<br>Dired<br>Office           | olicable)<br>etor<br>er (give title   | Person(s) to Issuer  10% Owner  Other (specify                    |  |
|---|---------------------------------------|------|---|-----------------|---|---|------------------|------------------|--|-------------------------|---------------------|---|---------------------------|-----------------------|--|---|---|--|
| (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE |                                       |      |   |                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2009             |                  |                  |  |                         |                     |   |                           |                       | belov                                  | ,   | below<br>& Controller   | )  |
| (Street) SPARKS (City)  | ME<br>(Sta                            |      | 21152<br>Zip)   |                 | 4. If                                   | Amer  | ndment,          | , Date of        | f Origina  | l Filed                 | d (Month/Da         | ay/Year)  |                           | 6. Indi<br>Line)<br>X | Form                                   | n filed by One  | o Filing (Check A<br>e Reporting Pers<br>re than One Rep          | son  |
|   |                                       | Tabl | e I - No  | n-Deriv         | ative                                   | Sec   | uritie           | s Acq            | uired,   | , Dis                   | posed o             | f, or E   | Bene                      | ficially              | Owne                                   | ed  |   |  |
| Date  |                                       |      | 2. Transa<br>Date<br>(Month/D                               | /Day/Year)   Ex |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)             |                  |                  |  | 4. Securiti<br>Disposed |                     |   |                           | Securi<br>Benefi      | cially<br>d Following                  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |                                       |      |   |                 |   |   |                  |                  | Code   | v                       | Amount              | ount (A) or (D)   |                           | rice                  | Transa                                 |   | action(s)<br>3 and 4)   | (111341.4)   |
| Common Stock - Voting 04/20/2   |                                       |      |   | /2009           | 2009                                    |   | J <sup>(1)</sup> | V                | 72.05 A  |                         | 1 \$                | 29.035  | 8,789.05                  |                       | D                                      |   |   |  |
| Common Stock - Non Voting 04/20/2   |                                       |      |   | 2009            |   |   |                  | J <sup>(1)</sup> | V  | 34.43                   | A                   | 1 \$  | 29.035                    | 4,200.83              |  | D   |   |  |
|   |                                       | Та   |   |                 |   |   |                  |                  |  |                         | sed of,<br>onvertib |   |                           |                       | wned                                   |   |   |  |
| Security or Ex<br>(Instr. 3) Price  | version<br>exercise<br>e of<br>vative |      | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | n Date,         | 4.<br>Transaction<br>Code (Instr.<br>8) |   | of               |                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                         |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                           | Der<br>Sec<br>(Ins    | rice of<br>ivative<br>curity<br>tr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Evaluation of B   |                                       |      |   |                 | Code                                    | v   | (A)              |                  | Date<br>Exercisa   |                         | Expiration<br>Date  | Title   | or<br>Numl<br>of<br>Share | ber                   |  |   |   |  |

1. Shares acquired pursuant to the McCormick Dividend Reinvestment Plan.

## Remarks:

W. Geoffrey Carpenter, 04/28/2009 Attorney-in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.