FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|-----------|------------|----------------|-------------|

| l | OMB APPR | ROVAL |
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| l | 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* MANGAN MICHAEL D | | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | | | tionship of Reportin all applicable) Director | | ng Person(s) to Issu 10% Ow | | | |
|--|---|--|---|--------|--|--|------|-------|-----------------------------------|--|----------------------------|-----------|--|------------|--|--|---|--|--------------------------------|--|--|--|
| (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE | | | | | 03/ | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2010 | | | | | | | | | | ndiv | below) | | Filip | Other (s below) | | |
| (Street) SPARKS MD 21152 | | | | | - 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | - | (Zip) | | | | | | | | | | | | | | _ | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | ction 2A. Deer | | | , | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) | | | |) or 5. Amo 4 and Securit Benefic Owned | | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | mount (A) or (D) | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Common | Stock - Vo | ting | | 03/1 | 5/2010 | /2010 | | | M | | 1,88 | 1,882 | | \$38. | 3 | 4,882 | | | D | | | |
| Common | Stock - No | n Voting | | 03/1 | 5/2010 | 2010 | | T | M | | 628 A | | \$38. | 3 | 1,628 | | | D | | | | |
| | | Т | able II - | | | | | | | | | sed of | | | | / O | wned | | , | , | | |
| 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) | | n of | | Exp | 6. Date Exercisa Expiration Date (Month/Day/Yeai | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Security | De Se | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | opiration | Title | | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | \$38.3 | 03/15/2010 | | | M | | | 1,882 | | (1) | | (1) | Com Stoo Vot | ck - | 1,882 | | (2) | 0 | | D | | |
| Restricted Stock Units | \$38.3 | 03/15/2010 | | | М | | | 628 | | (1) | | (1) | Com Stoo No | ck - on | 628 | | (2) | 0 | | D | | |

Explanation of Responses:

- 1. The reported Restricted Stock Unit entitles the reporting person to receive an annual distribution of common stock equal to 100% of the grant.
- 2. Resticted Stock Units granted on March 25, 2009.

Remarks:

W. Geoffrey Carpenter, Attorney-in-Fact

03/17/2010

** 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.