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 | | | | | | | | | |
| - 1 | hours par rosponso: | 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

| Name and Address of Reporting Person* Manzone Lisa | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | (Che | ck all applic Director | ationship of Reportin k all applicable) Director Officer (give title below) Sr. VP Global | | 10% O | vner | |
|--|---|---|--|------------|--|---|---------|-----------------------------------|---|----------------------------|------------------|--------------------------|--|---|---|--|---------------------|--|--|--|
| | (F MICK & C ETON CIRO | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2018 | | | | | | | | | _ X | below) | Other (specify below) Human Relations | | | | | | | |
| (Street) SPARKS MD 21152 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | | | | | | | |
| | (- | | ble I - Nor | n-Deriva | ative | Sec | urities | s Acc | nuired. | Disr | osed o | of. or E | ene | ficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. T | | | 2. Transa Date | ransaction | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) | | | A) or | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock - Voting | | | | | | | | | | | | | | | 4,628 | | | D | | |
| Common | Common Stock - Non Voting | | | | | | | | | | | | 868 | | | D | | | | |
| | | | Table II - I | | | | | | uired, Di , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/) | Cod | te, Transaction Code (Instr | | | | 6. Date Exe Expiration (Month/Day | Date | of Securities | | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivativ Securitie Beneficia Owned Following Reported Transact | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Cod | de V | (4 | (A) | | Date Exercisabl | | xpiration ate | Title | or Nu | nount ımber Shares | | (Instr. 4) | ion(s) | | | |
| Phantom Stock | (1) | 02/22/2018 | | A | | 1 | 13.8382 | | (1) | | (1) | Commo Stock Voting | 13 | 3.8382 | \$105.06 | 503.65 | .6504 I | | Non- Qualified Retirement Savings Plan | |

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.

Remarks:

Jason E. Wynn, Attorney-in-fact 02/26/2018

** 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.