FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* MANGAN MICHAEL D (Last) (First) (Middle) 24 SCHILLING ROAD SUITE 1 (Street) HUNT VALLEY MD 21031 | | | | | 3. D 03/ | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Ir | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
|--|--|------------|------------------|--|-------------|---|-----|-------|--|---------|-----------|--|----------------------|---|---|---|--|--|---|--|
| (City) | (Si | tate) (| (Zip) | | - | | | | | | | | | | | Persor | 1 | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , T | Transaction Dispo Code (Instr. 5) | | Dispose | curities Acquired (A) sed Of (D) (Instr. 3, 4 | | | Benefici Owned F | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | С | ode | v | Amount | nt (A) or (D) | | Price | Reporter Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock - Voting 03/15 | | | | | 5/2023 | /2023 | | | M | | 1,04 | 1,044 A | | \$0 ⁽¹⁾ | 39 | 39,181 | | D | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | 4,234 | | 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) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3A. Deeme Execution if any (Month/Day/Year) | | | Date, Transactio | | | n of | | Expi | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | re es ally ig d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 03/15/2023 | | | М | | | 1,044 | | (2) | | (2) | Comr Stoc Voti | k - | 1,044 | \$0 ⁽³⁾ | 0 | | D | |

Explanation of Responses:

- 1. Restricted Stock Units; No purchase price required
- 2. The reported Restricted Stock Units entitles the Reporting Person to receive an annual distribution of common stock equal to 100% of the grant.
- 3. Restricted Stock Units granted on March 30, 2022.

Jason E. Wynn, Attorney-in-Fact 03/16/2023

** 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.