FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OIVID APPROVAL								
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0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

													T						
Name and Address of Reporting Person* Manzone Lisa					2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC]						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
											$ $ $_{\rm X}$	Officer	give title		Other (s				
(14)	/=	:	(A 4: -1-11 -)	- I	2. Data of Farlingt Transaction (Month/Day/Voor)									below)	(give title		below)	peony	
(Last)	`	irst)	(Middle)	- 1	3. Date of Earliest Transaction (Month/Day/Year) 04/17/2018							Sr. VP Global Human Relations				ns			
MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)													X Form filed by One Reporting Person						
SPARKS	M	ID	21152																
												Form filed by More than One Reporting Person							
(City) (State) (Zip)																			
		Ta	ble I - Non-	-Derivat	ive S	ecurities	s Acq	juired, D	Disp	osed o	of, or B	enefic	ially	Owned					
1. Title of	Security (Inst	tr. 3)		2. Transact	ction 2A. Deemed 3. 4. Securities Acquired (A)					or	5. Amount of 6. Ownership 7. Nature of								
1. The of Security (man. 3)				Date (Month/Day/Year)		Execution Date,				n Disposed Of (D) (Instr. 3			, 4 and Securiti			Form	: Direct	Indirect Beneficial	
				(Month/Day			if any (Month/Day/Year)		Code (Instr. 5)					Beneficia Owned Fo		,,,,	str. 4)	Ownership (Instr. 4)	
	- 1							(A)		or		Reported Transaction(s)							
								Code	V	Amount	(A) (D)	" Pr	rice	(Instr. 3 a					
Common Stock - Voting							4,9	4,920		D									
								+ +				-					_		
Common Stock - Non Voting									868			D							
			Table II - D	erivativ	e Sec	urities	Acqu	ired, Di	spo	sed of	, or Bei	neficia	ally C	wned					
			(6	e.g., put	s, cal	ls, warr	ants,	options	s, c	onverti	ble sec	uritie	s)						
1. Title of	of 2.	3. Transaction	3A. Deemed Execution Date, if any (Month/Day/Year)	4.		Derivative E		6. Date Exercisa Expiration Date (Month/Day/Yea				unt	8. Price of	9. Number of		10.	11. Nature		
Derivative Security	or Exercise Price of	se (Month/Day/Year)			action (Instr.					r)	of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)					(1115111			(Month/Day/rear)			Derivative Securit			(Instr. 5)	Beneficia		Direct (D)	Ownership	
	Derivative Security									(Instr. 3 and 4)				Owned Following Reported Transaction(s)	.	or Indirect (I) (Instr. 4)			
																		ĭ	
									Т			Amo	unt		(Instr. 4)	ion(s)			
							,	Date	E	xpiration		or Numi	ber						
				Code	V	(A)	(D) E	Exercisable	Di	ate	Title	of Sh	nares						
																		Non-	
Phantom	(1)	04/17/2018	04/17/2018		1	14.3632		(1)		(1)	Common Stock -		14.3632	\$108.45	558.69	111	ī	Qualified Retirement	
Stock	``	0		A		14.5052					Voting	1		1100.10	550.0511		'	Savings	
	I	I		- 1	1	1	1 1		1		I	1	- 1		I		I	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 04/19/2018

** 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.