FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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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 ar PREST | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | | elationship eck all appl X Direct | icable) | , | | vner | | | | |
|--|---|---|--|-------|------------------------------|---|---|-----|------------------------------|--------------------------|-----|--|--------------------------|--|-------------------------|---|---|------|--|---|
| (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 24 SCHILLING ROAD, SUITE 1 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2022 | | | | | | | | | | Office below | r (give title) | | Other (s below) | specify |
| | 4. If | 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 | | | | |
| HUNT VALLEY MD 21031 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/I | | | | | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es For ally (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | e V | | Amount | (A) (D) | or I | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock - Voting 06/29/2 | | | | | | 2022 | | | S | S | | 8,080 | |) | \$84.4 | 83,364.084 | | | D | |
| Common Stock - Non Voting 06/29/2 | | | | | /2022 | | | | S | | | 2,500 |)] |) | \$84.4 | 12,6 | 59.533 | | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Expirat (Month | ion Da | ate | r) Amo Sec Und Deri | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | | xpiration ate | Title | or Nu of | nount imber iares | | | | | |
| Phantom Stock | (1) | | | | | | | | (1) | | | (1) | Commo Stock Voting | | 0 | | 24,997.5 | 518 | I | Non Qualified Retirement Savings |

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.

> Jeffery D. Schwartz, Attorneyin-fact ** Signature of Reporting Person

07/01/2022

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.