FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vvaoriii igtori, | D.O. | 20010 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| - 1 | | 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* Foley Brendan M (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 24 SCHILLING ROAD, SUITE 1 | | | | | | Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] Include the symbol of the symbol | | | | | | | | | (Chec | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) President Global Consumer / & Americas 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
|---|--|--|---|---------|----------------------------|---|---|-----|--|----------|--|------------------|--|----------------------------------|---|--|--|-----------------------------------|--|--|--|
| (Street) HUNT V | ALLEY M | D | 21031 | | , | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr | | | | | | 5. Amou Securitie Beneficia Owned F Reported | es For ally (D) following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Co | de \ | , | Amount | (A) or P | | Price | Transact | ransaction(s) Instr. 3 and 4) | | | (111501.4) | | | | |
| Common Stock - Voting | | | | | | | | | | | | | | | | 18,639.184 | | | D | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | | 207.791 | | | 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. Deemed Execution I if any (Month/Day | Date, 1 | ransaction code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exerc | isable | | xpiration ate | Title | or No of | umber | | | | | | |
| Phantom Stock | (1) | 09/01/2020 | | | A | | 7.9097 | | (| 1) | | (1) | Commo Stock - Voting | - 7. | .9097 | \$205.93 | 1,749.54 | 496 | 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

09/03/2020 ** Signature of Reporting Person

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.