| SEC For | rm 4 FORM | 4 | UNITE | D STA | ATE: | s se | ECUR | ITIE | ES ANI | DE | ХСНА | NGE | co | MMIS | SSION | | | | |
|--|--|--|--|-------|---|--|---|-------------------------|---------------------------------------|------------------------------|--|--|---------------|--|---|--|---|---|---|
| | | | | | V | | | | OMB APPROVAL | | | | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | EMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | HIP | Estim | | er: verage burde sponse: | 3235-0287 n 0.5 |
| 1. Name and Address of Reporting Person [*] Piper Sarah (Last) (First) (Middle) 24 SCHILLING ROAD | | | | | 2. I <u>M</u> 3. I | MCCORMICK & CO INC [MKC] 3. Date of Earliest Transaction (Month/Day/Year) 07/22/2024 | | | | | | | | | ck all applic Directo Officer below) | or 10% Owner (give title Other (specify | | | |
| SUITE 1 (Street) | | 21031 | | 4. 1 | 4. If Amendment, Date of Origin | | | | | ginal Filed (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | d to | | | |
| Table I - Non-Deriv: 1. Title of Security (Instr. 3) 2. Transa Date (Month/D) | | | | | saction | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | A) or 5. Amou | | nt of s ally ollowing | Forn (D) o | wnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) P | | Price | Transact (Instr. 3 a | tion(s) | | | (1130. 4) |
| Common Stock - Voting 07/22/ | | | | | 2/202 | 024 | | J ⁽¹⁾ | v | 12.13 | 7 A | | \$73.29 | 29 2,130.094 | | | D | | |
| | | | Table II - | | | | | | | | osed of, converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Ex Expiration (Month/Da | n Dat | е | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | B Ownersl Form: Ily Direct (E or Indire (I) (Instr. | | Beneficia Ownershi (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | N O | umber | ber | | | | |
| Phantom Stock | (1) | 07/22/2024 | | | J | v | 12.612 | | (1) | | (1) | Common Stock - Voting | | 2.612 | \$73.43 | 2,249.6 | 519 | Ι | Non- Qualified Retiremer Savings Plan |

Explanation of Responses:

Phantom Stock

1. Dividend Reinvestment.

2. 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.

07/29/2024

(2)

Jason E. Wynn, Attorney-infact

30.569

\$76.12

Common Stock -Voting

(2)

07/31/2024

2,280.19

Non

ī

Qualified Retirement

Savings Plan

** 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.

Α

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.

30.569

(2)