FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

| gton, D.C. 20549 | OMB APPROVAL |
|------------------|--------------------|
| | OMB Number: 3335.0 |

(Check all applicable)

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

1. Name and Address of Reporting Person*

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

2. Issuer Name and Ticker or Trading Symbol

MCCORMICK & CO INC [MKC]

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | |

5. Relationship of Reporting Person(s) to Issuer

| MCMULLEN CHRISTINA M | | | | | MCCORMICK & CO INC [MKC] | | | | | | | | | Directo | - | | 10% Ov | · I | | | |
|---|---|--|---|-------|---|-----------|---------------------------------|-------------------------|---|--------------|-------|---|--------------------------|---|--|---|--|----------------|--|--|--|
| (Last) MCCOR 24 SCHI | | 3. Date of Earliest Transaction (Month/Day/Year) 07/09/2019 | | | | | | | | | _ | below) | | Other (specify below) | | рсспу | | | | | |
| (Street) HUNT V | WO . | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic | | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | | | saction /Day/Ye | n ear) | 2A. Deem Execution if any | Deemed ecution Date, | | 3. 4. Securi | | ities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | Common Stock - Voting | | | | | | | | Co | ode V | _ | Amount | Amount (A) or (D) | | Price | Transac (Instr. 3 | Transaction(s) (Instr. 3 and 4) | | | (11311.4) | |
| | Stock - No | | | | | | | | + | + | | | | | | + ' | 39 | | D D | | |
| | | ٦ | Table II - I | | | | urities s, warr | | | | | | | | | Owned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | e of S ar) 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 Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | xpiration ate | Title | 0 N | Amount or Number of Shares | | | | | | |
| Phantom Stock | (1) | 07/09/2019 | | | A | | 4.1365 | | (| (1) | | (1) | Commo Stock Voting | - 4 | 4.1365 | \$158.07 | 162.259 | 95 | 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.

Remarks:

Jason E. Wynn, Attorney-in-**Fact**

07/11/2019

** 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.