FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 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 aı | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
|---|---|---|--|--|--------------|---|--|----------|---|-----------------------------|---|--|-----------------------------|---|------------------------------|---|--|---|---------------------------------------|
| (Last) MCCOR | (Fi MICK & C | irst) OMPANY, INC | (Middle) | ΓED | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2010 | | | | | | | | | | | er (give title | Oth | 6 Owner er (specify ow) |
| 18 LOVETON CIRCLE (Street) SPARKS MD 21152 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | 1 013 | OII | | |
| | | Tal | ole I - Nor | n-Deriv | /ativ | e Se | curitie | es Ac | quire | d, D |)isp | osed | of, or B | enefic | ially | Owne | ed | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benef Owne | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect t Beneficial Ownership |
| | | | | | | | | | Со | de | v | Amoun | nt (A) | | e | | ted action(s) 3 and 4) | | (Instr. 4) |
| Common Stock - Voting | | | | | | | | | | | | | | | 8,122 | | D | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | | 1,250 | | D | | |
| | | , | Table II - I | | | | | | | | | | f, or Be | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, Ti | Code (Instr. | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5) | Expirati | Date Exercisable and piration Date onth/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | Code | | Date Exercisa | able | Exp | iration | Title | Amoun or Numbe of Shares | | | | | | | |
| Phantom Stock | (1) | 01/15/2010 | | | J | V | 44.35 | | (1) | | | (1) | Common Stock - Voting | 44.35 | \$ | 36.44 | 7,279.64 | I | Deferred Compensation Plan |

Explanation of Responses:

1. Dividend Reinvestment.

Remarks:

W. Geoffrey Carpenter, Attorney-in-fact

01/20/2010

** Signature of Reporting Person

** Signature of Reporting Pers

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.