FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | L OWNERSHIP |
|------------------|------------|-----------------|-------------|

| | OMB APPROVAL | | | | | | | |
|---|-------------------------|-----|--|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | | |
| | Estimated average burde | en | | | | | | |
| l | 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 and Address of Reporting Person* Perich Cecile K | | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|-------------|------|-----------|-----------------------------|---|--|--------|-----------------------------|---|---|-----------------------|--|---|--|---|--|----------------------|-------------------------------|------------|--|
| (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE | | | RATED | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2015 | | | | | | | | | | | | belov | v) | | |
| (Street) SPARKS MD 21152 (City) (State) (Zip) | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | le I - N | on-Deriv | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially | / Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | | Disposed O | ties Acquired (A) or I Of (D) (Instr. 3, 4 a | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common | Stock - Vot | ing | | 02/06/ | 2015 | | | | F | | 1,286(1) | D | \$74 | .15 | 36,5 | 52.69 | | D | | |
| Common Stock - Voting | | | | | | | | | | | | | | 2,666.12 | | | I | 401 (k) Retirement Plan | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | 4,282.49 | | | D | | | |
| | | Та | able II - | | | | | | | | osed of, convertib | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 1. Title of Conversion or Exercise (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Executio if any (Month/D | | | | Transaction Code (Instr. | | | | Exerc tion Da n/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership | | | |

Explanation of Responses:

1. Shares withheld for taxes on the shares previously reported on 01/28/15 for the McCormick mid-term incentive award.

Remarks:

Jason E. Wynn, Attorney-in-

02/10/2015

<u>Fact</u>

** 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.

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.