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 b | urden | | | | | | | | |
| 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

| Name and Address of Reporting Person* Manzone Lisa | | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | | (Ched | ck all applic Directo | able) | | rson(s) to Issuer 10% Owner Other (specify | |
|--|--|--|---|-------|---|---|--------------|--|---|----------------------------------|------|------------------|--|-----------------------|---|--|---|--|--|---|
| (Last) 24 SCHI SUITE 1 | LLING RO | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/19/2022 | | | | | | | | | _ ^ | X Office (give tide Office (specify below) below) Sr. VP Global Human Relations | | | | |
| (Street) HUNT V | ALLEY M | | 21031 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | ´ | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | 2. Trans Date (Month/ | saction /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amou Securitie Beneficia Owned F | s ally ollowing | Form (D) o | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Ī | Code | v | Amount | Amount (A) or (D) | | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock - Voting | | | | | | | | | | | | | | 43, | 43,364 | | D | | | |
| Common Stock - Non Voting | | | | | | | | | | | | | | 1,736 | | | 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, | 4. Transa Code (I 8) | | | | Ex | Date Exe piration onth/Day | Date | of Securities | | ecurity | B. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Da: | ate cercisable | | xpiration ate | Title | OI N Of | umber | | | | | |
| Phantom Stock | (1) | 12/19/2022 | | | A | | 65.871 | | | (1) | | (1) | Comn Stock Votin | k - 6 | 5.871 | \$82.84 | 11,978.8 | B97 | 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.

Jason E. Wynn, Attorney-in-

fact

12/20/2022

** 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.