FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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*  Smith Michael R  (Last) (First) (Middle)  MCCORMICK & COMPANY, INCORPORATED  18 LOVETON CIRCLE							Issuer Name and Ticker or Trading Symbol     MCCORMICK & CO INC [ MKC ]      3. Date of Earliest Transaction (Month/Day/Year)     01/22/2018									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Executive VP & CFO					
(Street) SPARKS (City)	M	D 2	21152 Zip)	- Davis	,	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Date				2. Transac	ction	tion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie 5)			es Acqui	red (A) o	5. Amount of securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) ( (D)	_	e (I	Reporte Fransac Instr. 3	tion(s) and 4)			(Instr. 4)		
	Common Stock - Voting 01/22/ Common Stock - Non Voting				2018	018		A		1,339(1)	A	\$	0	15,086.668 3,348.874			D D				
	Common Stock - Voting					ive Securities Acqu			ired [	Dien	osed of	or Ber	reficia	Illy Ov	2,159.594			I	401(k) Retirement Plan		
											convertib				wiieu						
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, Transa Code (I			of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	vative cority S	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)			Expiration Date	Title	Amount or Number of Shares	er							

## **Explanation of Responses:**

1. Shares awarded pursuant to McCormick's long-term incentive program for the three year performance cycle beginning on December 1, 2014 and ending on November 30, 2017.

## Remarks:

Jason E. Wynn, Attorney-in-Fact

01/24/2018

\*\* 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.