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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1 | ddress of Reporting | | 2. Issuer Name and Ticker or Trading Symbol <u>MCCORMICK & CO INC</u> [MKC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-------------------|---------------------|-----------------|---|--|--|--|--|--|--|
| | | | | X Director 10% Owner | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2012 | Officer (give title Other (specify below) below) | | | | | |
| MCCORMIC | CK & COMPAN | Y, INCORPORATED | | | | | | | |
| 18 LOVETON CIRCLE | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | X Form filed by One Reporting Person | | | | | |
| SPARKS | MD | 21152 | _ | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (| ction | 4. Securities | Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------|-------|---------------|---------------|-----------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | | | |
| Common Stock - Voting | 04/23/2012 | | J ⁽¹⁾ | v | 78.32 | A | \$54.6149 | 25,400.44 | D | |
| Common Stock - Non-Voting | 04/23/2012 | | J ⁽¹⁾ | v | 64.272 | A | \$54.6149 | 15,923.53 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------|-----|--|--------------------|--|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Phantom Stock | (1) | 04/23/2012 | | J | v | 55.2 | | (1) | (1) | Common Stock - Voting | 55.2 | \$54.62 | 9,781.27 | I | Deferrec Compensation Plan |

Explanation of Responses:

1. Dividend Reinvestment

Remarks:

W. Geoffrey Carpenter,

Attorney-in-fact

05/04/2012

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.

Date