FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CH | ANGES IN | RENEFICIAL | OWNERSHIP |
|------------------|-------|----------|------------|-----------|
| SIAIEMENI | OF CH | ANGES IN | DENEFICIAL | OWNERSHIP |

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average b | ourden | | | | | | |
| 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* HRABOWSKI FREEMAN A III | | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | | ck all applic | all applicable) Director | | g Person(s) to Issuer 10% Owner | | |
|---|---|--|---|-----------------|---|--|--------------|--|--|---|---|---|---|---------------------------------|--|---------------------------------------|---|---|
| (Last) 24 SCHI SUITE 1 | (F LLING RO | AD, | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2022 Officer (give title below) below) Other (specify below) | | | | | | | | | | pecify | | |
| (Street) | ALLEY M | D | 21031 | | _ 4. | Line | | | | | |) K Form fi Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Та | ble I - N | on-Dei | rivativ | ∕e Se | ecurities | s Ac | quire | d, Di | sposed c | of, or Be | neficially | Owned | | | | |
| Date | | 2. Trans Date (Month/ | | Execution Date, | | | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and 5 | | 5. Amour Securitie Beneficia Owned F Reported | s ally ollowing | Form (D) or | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact | ansaction(s) estr. 3 and 4) | | | (11150.4) | | |
| Common Stock - Voting 07/ | | | 07/2: | 5/2022 | 022 | | J (1) | V | 256.841 | . A | \$85.389 | 8 102,2 | 102,232.55 | | D | | | |
| Common Stock - Non Voting 07/25/2 | | | 5/2022 |)22 | | J ⁽¹⁾ | V | 0.261 | A | \$85.389 | 5,13 | 2.674 | | D | | | | |
| | | | Table II | | | | | | | | posed of converti | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | late Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) | | n Derivative Exp | | | 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(| e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | Code V (A) (D) Date Expiration Date Title | | | | | | | Amount or Number of Shares | | (Instr. 4) | | | | | | | | |
| Phantom Stock | (1) | 07/25/2022 | | | J | V | 109.947 | | (1) | | (1) | Common Stock - Voting | 109.947 | \$84.57 | 25,240. | 565 | I | Non Qualified Retirement Savings Plan |

Explanation of Responses:

1. Dividend Reinvestment.

Jason E Wynn, Attorney-in-fact 10/13/2022

** Signature of Reporting Person

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.