### Edgar Filing: COHEN GARY M - Form 4

COHEN GARY I Form 4	М										
December 28, 200	04										
FORM 4									PPROVAL		
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer		MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	January 31 2005		
subject to Section 16. Form 4 or				SECU	Estimated burden ho response	average urs per					
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type Respon	nses)										
1. Name and Addres COHEN GARY	Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol BECTON DICKINSON & CO				5. Relationship of Reporting Person(s) to Issuer					
			[BDX]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify					
C/O BECTON, I COMPANY, 1 B			12/27/2	-			below)	below) ident - BD Medi	cal		
			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
FRANKLIN LA	KES, NJ 074	417					Person	More than One R	eporting		
(City) (	(State)	(Zip)	Tab	le I - Non-l	Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date th/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3	ed (A) or ed of (D) (A, 4 and 5) (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)		
Reminder: Report on	a separate line	for each cl	ass of sect	urities bene	Pers info requ disp	sons who res rmation con lired to resp	or indirectly. spond to the collect tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionof Derivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Acquired (A) or Disposed (D)	Acquired (A) or Disposed of (D) (Instr. 3, 4,		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Rights to Common Stock Under Deferred Compensation Plan	<u>(1)</u>	12/27/2004		A		15.51		<u>(2)</u>	<u>(2)</u>	Common Stock	15.51	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
topoting of the Finner Finner	Director	10% Owner	Officer	Other		
COHEN GARY M C/O BECTON, DICKINSON AND COMPANY 1 BECTON DRIVE FRANKLIN LAKES, NJ 07417			President - BD Medical			
Signatures						
Patricia Walesiewicz, by power of attorney for Ga	ry M.					

Patricia Walesiewicz, by power of attorney for Gary M	M.	
Cohen	12/28/2004	
<b>**</b> Signature of Reporting Person	Date	

## **Explanation of Responses:**

- 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).

(1) The securities convert to common stock on a one-for-one basis.

(2) The securities are generally distributed upon termination, or following retirement on the date or dates specified by the reporting person. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.