BEARD PAUL C Form 5 January 14, 2005

FORM 5

OMB APPROVAL

OMB

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

3235-0362 Number: January 31, Expires: 2005

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4 Transactions Reported

30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * BEARD PAUL C

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

MCCORMICK & CO INC [MKC]

11/30/2004

(Check all applicable)

(First) (Middle) (Last)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)

Director 10% Owner _X__ Officer (give title Other (specify below) below)

MCCORMICK & COMPANY, INCORPORATED, Â 18 LOVETON **CIRCLE**

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

(check applicable line)

Vice President - Finance &

SPARKS, MDÂ 21152

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State) (Zip) Table	e I - Non-Deri	vative Sec	curitie	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Secur Acquired Disposed (Instr. 3,	d (A) of d of (D, 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock - Voting	Â	Â	Â	Â	Â	Â	14,557	D	Â
Common Stock - Voting	Â	Â	Â	Â	Â	Â	31.062 (1)	I	Profit Sharing Plan

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

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of

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		4.	5.	6. Date Exerc		7. Title		8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amoun		Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	es	(Instr. 5)	
	Derivative				Securities			(Instr. 3	and 4)		
	Security				Acquired						
	,				(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
					4, and 3)						
								A	Amount		
						Data	Evaluation	O	r		
						Date	Expiration	Title N	Number		
						Exercisable	Date	of			
					(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address		Keiationsnips					
· Ü	Director	10% Owner	Officer	Other			
BEARD PAUL C MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE SPARKS Â MDÂ 21152	Â	Â	Vice President - Finance &	Â			

Signatures

W. Geoffrey Carpenter Attorney-in-Fact

**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).

Shares held in the McCormick Profit Sharing Plan as of 11/30/04. The reporting person owns units in the McCormick Stock Fund in the (1) Profit Sharing Plan and the number of shares reported as beneficially owned is based on the reporting person's pro rata interest in the net asset value of the McCormick Stock Fund on the date indicated.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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