FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 205/10 |
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| wasiiiigton, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

| Washington, D.C. 205 |
|----------------------|
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| | OMB APPROVAL | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | |
| l | Estimated average bi | urden | | | | | |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | lioui | is per | esponse. | 1.0 | |
|---|---|---|---|--|--|---------------------------------|-----------------|--------------------|--------------------------|--|---|---|---|---|--------|---|---|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Excha ompany Ac | | | | | | | | | |
| 1. Name and Address of Reporting Person* BEARD PAUL C | | | | 2. Issuer Name and Ticker or Trading Symbol MCCORMICK & CO INC [MKC] | | | | | | | Relationship of Reporting Person(s) to Issu (Check all applicable) Director | | | | | Owner | | |
| (Last) (First) (Middle) MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 11/30/2004 | | | | | | | rear) | X Officer (give title Other (specify below) Vice President - Finance & | | | | | | |
| (Street) SPARKS (City) | 4. If Amen | dment, | , Date | of Orig | inal File | ed (Month/D | ay/Year | | 6. Indiv Line) X | Form | filed by O | ne Re | porting Pe | | | | | |
| | | Table | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | ed, Dis | sposed (| of, or | Benefic | ially | Owne | d | | | | |
| Date (Month/Day/Year) | | ZA. Deemed Execution Date, if any Code (Instr. 8) | | | | | or Dispose | Securit Benefic | | ies Ov | | ership n: Direct | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | (Monunday/ rear) | | | | | | (A) or (D) | Price | ! | lssuer's | suer's Fiscal ear (Instr. 3 and | | | (Instr. 4) | |
| Common Stock - Voting | | | | | | | | | | | 14,557 | | | D | | | | |
| Common | n Stock - Voting | | | | | | | 31.0 | | 31.062(1) | | I | Profit Sharing Plan | | | | | |
| | | Ta | ble II - Derivat (e.g., pı | ive Secur uts, calls, | ities warr | Acqı ants, | iired, opti | , Disp ons, c | osed of, converti | or Be | neficial curities | ly Οι) | wned | | | | | |
| 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. Transaction Code (Instr. 8) | 5. Numof of Deriv Securi Acqui (A) or Dispo of (D) (Instrand 5 | ative rities ired osed | Expir. (Mont | e Expiration pate | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | Derivative Security (Instr. 5) Benefici Owned Followin Reporte Transac | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |

Explanation of Responses:

1. 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 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.

Remarks:

W. Geoffrey Carpenter -01/14/2005 Attorney-in-Fact

** 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.