FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  BECTON DICKINSON & CO			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/10/2022  3. Issuer Name and Ticker or Trading Symbol Embecta Corp. [ EMBC WI ]						
(Last) ONE BECT	(First)	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, ed (Month/Day/	Date of Original Year)
(Street) FRANKLIN LAKES (City)	NJ (State)	07417 (Zip)	,		Director ) Officer (give title below)	Other below	(specify		Form filed Person	by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)						-	3. Ownership 4. N		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I	Direct ndirect			
		e \$0.01 per sha	ıre		Beneficially Owned (Instr.	Form: I (D) or I (I) (Inst	Direct ndirect			
		<u> </u>	Table II - D	Perivative	Beneficially Owned (Instr. 4)	Form: I (D) or I (I) (Inst	Direct ndirect r. 5)	Own		
Common Sto		(e.g.	Table II - D	Perivative Is, warran	Beneficially Owned (Instr. 4)  1,000  Securities Beneficia	Form: I (D) or I (I) (Inst	Direct ndirect r. 5)	) sion		

**Explanation of Responses:** 

Remarks:

/s/ Gregory Rodetis,

Senior Vice President & 02/10/2022

**Treasurer** 

\*\* Signature of Reporting

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.