FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| on, D.C. 20549 | OMB APPROVAL |
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| | OIVID AFFROVAL |

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|---|---|-----------|--|--|--|--|
| | OMB Number: Estimated average burden | 3235-0287 | | | | |
| l | Estimated average burden | | | | | |

hours per response:

0.5

11. Nature of Indirect

Beneficial

Ownership

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 Sec | ction 30(h) of the In | vestmer | nt Con | npany Act of 19 | 940 | | | | |
|--|------------------------|----------------|-------------------------------|---|---|-----------------------------|--------|-----------------|---------------|---|--|---|--|
| 1. Name and Address of Reporting Person* <u>Davis William L.</u> | | | | 2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD] | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
| (Last) 7201 HAMILTO | (First) N BOULEVARD | (Middle) | | 3. Date 06/30/2 | | ransaction (Month/Day/Year) | | | | | Officer (give title below) | Other below | (specify) |
| (Street) ALLENTOWN (City) | PA (State) | 18195 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv Line) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/D | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |

if any (Month/Day/Year) Underlying Derivative Security (Instr. 3 and 4) Form: Direct (D) or Indirect Security (Instr. 3) Code (Instr. 8) Price of Derivative Acquired (A) or Disposed Beneficially Owned Ownership (Instr. 4) (Instr. 5) Following Reported Transaction(s) of (D) (Instr. 3, 4 and 5) (I) (Instr. 4) Security Amount (Instr. 4) Number Expiration Code ٧ (A) (D) Exercisable Date Title of Shares Phantom **\$0.0000**⁽²⁾ 08/08/1988(3) 08/08/1988(3) 98.2965 06/30/2015 98.2965 \$142.08 17,340.2199 D Stock⁽¹⁾ Stock

6. Date Exercisable and Expiration Date

(Month/Day/Year)

Explanation of Responses:

2. Conversion

or Exercise

1. Title of Derivative

1. Phantom deferred stock units (Units) acquired under the Air Products Stock Account of the issuer's Deferred Compensation Program for Directors, of the Company's Long-Term Incentive Plan (the Plan).

5. Number of Derivative

Securities

4. Transaction

- 2. Not applicable to this security
- 3. These units are payable in the form of shares of common Stock equal in number to the units, at the time elected by the reporting person, which is generally after service on the issuer's Board of Directors ends. Units may be paid in a lump sum or up to ten installments as elected by the reporting person in advance.

Linda M. Svoboda as Attorney in Fact

7. Title and Amount of Securities

8. Price of Derivative

Security

06/30/2015

9. Number of derivative

Securities

** Signature of Reporting Person

Date

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

3A. Deemed Execution Date,

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

3. Transaction Date

(Month/Day/Year)

** 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.