FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIE |
|-----------|------------|---------------|-----------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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 Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MONSER EDWARD L | | | | <u> </u> | 2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD] | | | | | | | (Ch | eck all applic Directo | able) | Person(s) to Issue 10% Own Other (sp | | ner |
|--|-------------------------|--|--------------------------------|-----------------|---|------------|--|---------------------|---|------------------|--|--|---|--|--|-------|-----|
| (Last) 7201 HA | ` | irst) BOULEVARD | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2018 | | | | | | below) | (give tide | | below) | | | |
| (Street) ALLENT | | | 18195 (Zip) | 2 | . If Ame | endment, I | Date of | f Original F | iled | (Month/Da | y/Year) | Line | X Form fi | led by One F | Reporting P | erson | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | Transacti ate //onth/Day | Execution Date, | | Date, | r, Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | 5. Amour Securities Beneficia Owned For Reported | s F lly (I ollowing (I | . Ownership form: Direct D) or Indirect) (Instr. 4) | t B O | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | V | Amount (A) or (D) | | r Price | Transacti (Instr. 3 a | on(s) | | " | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date if any (Month/Day/Yea | Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Owner Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Phantom Stock ⁽¹⁾ | \$0.0000 ⁽²⁾ | 03/31/2018 | | A | | 52.1677 | | (3) | | (3) | Common Stock | 52.1677 | \$158.18 | 9,433.099 | 5 D | | |

Explanation of Responses:

- 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).
- 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.

Andrea I. Rennig as Attorney in <u>04/03/2018</u>

** 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.