FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

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Check this box if no longer subject to	J
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

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1. Name and Address of Reporting Person* MONSER EDWARD L					2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
														X	Directo	r		10% Ov	ner/		
						Officer (give title Other (specify below) below)															
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/22/2015										below)	below)		below)			
7201 HAMILTON BOULEVARD					01	.12212	015														
					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint											oint/Group	Filing	(Check App	licable	
(Street)	TOTAIN I	14	10105												Line)		led by One	Deno	rtina Dercor	,	
ALLENTOWN PA 18195																X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)		_									Person							
(0.13)																					
		Ta	ble I - Noi	n-Deri	ivativ	re Se	curit	ies A	cqu	uired, [Disp	osed of	, or Be	nefi	cially	Owned					
Date			Date	nsactioi h/Day/Y	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4		Securitie Beneficia Owned F		s lly ollowing	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Pı	ice	Reported Transacti (Instr. 3 a	ction(s)		((Instr. 4)	
			Table II -									sed of, onvertib				Owned			<u> </u>		
	l .	T		· •	•	, can	<u> </u>		<u> </u>	<u> </u>	<u> </u>				:5)		I			_	
1. Title of Derivative Conversi Security or Exerci (Instr. 3) Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		Expi	ate Exerci iration Da nth/Day/Y	te	and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable	Ex Da	piration te	Title	or Nu of	ount mber ares						
Phantom Stock ⁽¹⁾	\$0.0000 ⁽²⁾	01/22/2015			A		832		08/0	98/1988 ⁽³⁾	08.	/08/1988 ⁽³⁾	Commor Stock	8	32	\$144.32	3,558.80	098	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.

<u>Linda M. Svoboda as Attorney</u> <u>in Fact</u> <u>01/23/2015</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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$