FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | ES IN BENEFI | CIAL OWNERSH | IΡ |
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|                          | OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|--|--|
|                          | OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |                     | ourden    |  |  |  |  |  |  |  |  |
|                          | 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

| 1. Name and Address of Reporting Person*  CALAWAY TONIT M  |   |                | 2. Issuer Name and Ticker or Trading Symbol Air Products & Chemicals, Inc. [ APD ] |  |     |  |        |      |   |        | Relationship of Reporting Person(s) to Issuer (Check all applicable) |                   |   |  |  |                                       |   |        |     |
|--|---|----------------|--|--|-----|--|--------|------|---|--------|--|-------------------|---|--|--|---------------------------------------|---|--------|-----|
| CALA   | WAI IO  | <u>N11 IVI</u> |  |  |     |  |        |      |   |        |  | -                 |   | X  | Directo  | r                                     |   | 10% Ow | ner |
| (Last) (First) (Middle) 1940 AIR PRODUCTS BLVD.  |   |                | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022                        |  |     |  |        |      |   |        |  | Officer<br>below) | (give title   |  | Other (s<br>below)   | pecify                                |   |        |     |
| (Street)   |   |                | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |     |  |        |      |   |        |  | Line)             | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person                              |  |  |                                       |   |        |     |
| ALLENTOWN PA 18106-5500  |   |                |  |  |     |  |        |      |   |        | Form filed by More than One Reporting Person                         |                   |   |  |  |                                       |   |        |     |
| (City)   | (S  | tate)          | (Zip)  |  |     |  |        |      |   |        |  |                   |   |  |  |                                       |   |        |     |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned        |                |  |  |     |  |        |      |   |        |  |                   |   |  |  |                                       |   |        |     |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)  |   |                |  | Execution Date,  |     | Code (Instr.   5)  |        |      | 4 and Securiti<br>Benefic   |        | es Form<br>ally (D) o<br>Following (I) (Ir                           |                   | : Direct<br>r Indirect<br>str. 4)   | 7. Nature of Indirect Beneficial Ownership Instr. 4) |  |                                       |   |        |     |
|  |   |                |  |  |     |  |        | Code | V   | Amount | (A) or<br>(D)  | Pri               | се  | Transaction(s)<br>(Instr. 3 and 4)                   |  |                                       |   |        |     |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |                |  |  |     |  |        |      |   |        |  |                   |   |  |  |                                       |   |        |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |                |  | ransaction of ode (Instr. Derivative                     |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |      | 7. Title and Amour<br>of Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |        | Derivative<br>Security   |                   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |   |        |     |
|  |   |                |  | C  | ode | v  | (A)    | (D)  | Date<br>Exercisabl  |        | Expiration<br>Date   | Title             | Amou<br>or<br>Numb<br>of<br>Share   | per  |  |                                       |   |        |     |
| Phantom<br>Stock <sup>(1)</sup>  | \$0.0000(2)   | 09/30/2022     |  |  | A   |  | 4.0439 |      | (3)   |        | (3)  | Common<br>Stock   | 4.04  | 39   | \$231.76   | 582.565                               | 9 | 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, under the Company's Long-Term Incentive 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 Company'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 10/03/2022 in Fact

\*\* Signature of Reporting Person 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 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.