FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Vashington. | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: 3235- | | | | | | | | |
| Estimated average burden | | | | | | | | |
| houre per response: | | | | | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | 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

| CARTER SUSAN K | | | | | 2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD] | | | | | | | | ationship of k all applica Director Officer (| ble) | Perso | n(s) to Issue 10% Ow Other (s | ner | | |
|--|--|---------------------|--|----------------|---|---|-----|--|----------------------|--------------------------------------|--|--|--|--|--|-------------------------------------|--------|------------|--|
| (Last) 7201 HA | , | First) BOULEVARD | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2021 | | | | | | | | below) | give title | | below) | Jecily | | |
| (Street) ALLENT | | PA State) | 18195 (Zip) | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) X | ividual 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 | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | ate | Execution Date | | r, Transaction Dispose Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficial Owned Fo | Form: ly (D) or | | Direct Indirect Istr. 4) | 7. Nature of ndirect Beneficial Ownership | | | | |
| | | | | | | | | Cod | e V | Amoun | t (A |) or) | 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) | | | | | | | | | | | | | | | | | | |
| | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | (A) | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | | nderlying ecurity | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | N | mount or umber of hares | | (Instr. 4) | .5.11(5) | | | |
| Phantom Stock ⁽¹⁾ | \$0.0000(2) | 03/31/2021 | | A | | 195.0819 | | (3) | | (3) | Commo Stock | | 95.0819 | \$282.61 | 18,950.3 | 3625 | 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 in 04/01/2021 **Fact**

** Signature of Reporting Person

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.