FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205

| 549 | |
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| 143 | OMB APPROVAL |
| | |

| OMB Number: | 3235-0287 |
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| Estimated average hurden | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| obligations may c Instruction 1(b). | ontinue. See | | led pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | hours per response: | | | | |
|--|--------------|---|--|---|---------------|---|------|--|------|---------------------|---|---|----------------|---|
| Name and Address of Reporting Person* MCGLYNN MARGARET G (Last) (First) (Middle) | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD] | | | | | | | ** | | | wner specify |
| 7201 HAMILTO | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2012 | | | | | | | | | | | | |
| (Street) ALLENTOWN | PA | 18195 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv | i. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | |
| | | Table I - Noi | 1-Derivati | ive Sec | curities Acqu | ııred, | Disp | osed of, or | Bene | icially C | wned | | | |
| | | | 2. Transaction Date (Month/Day/ | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) Amount (A) or (D) | | | 5. Amount of Securities Beneficially Owr Following Reported Transaction(s) (Instr. 3 and 4) | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------------|-----|--|---------------------------|--|----------------------------------|---|--|---------------------|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Phantom Stock ⁽¹⁾ | \$0.0000(2) | 03/30/2012 | | A | | 457.6275 | | 08/08/1988 ⁽³⁾ | 08/08/1988 ⁽³⁾ | Common Stock | 457.6275 | \$90.49 | 20,631.1921 | 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.

Linda M. Svoboda as Attorney

in Fact

03/30/2012

** 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.