FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20540
vvasiiiigtoii,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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)

 or Section 30(h) of the Investment Company Act of 1940		
2. Issuer Name and Ticker or Trading Symbol Air Products & Chemicals, Inc. [APD]		ionship of Reporting Per all applicable) Director
3 Date of Farliest Transaction (Month/Day/Year)	X	Officer (give title

Name and Address of Reporting Person* Ghasemi Seifi				2. Issuer Name and Ticker or Trading Symbol Air Products & Chemicals, Inc. [APD]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) 1940 AIR	(Fii	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023							X Officer (give title Other (specify below) Chairman, Pres. and CEO				
(Street) ALLENTO			18106-5500 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication					Line	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							i to				
		Tab	le I - Non-De	rivativ	e Se	curities	Ac	quired, Di	sposed o	of, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		r) Code (Instr. 5)		tr. 3, 4 and	nd Securities Beneficially Owned Following Reported		Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s) and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Security o (Instr. 3)	Sonversion Date (Month/Day/Year Price of Derivative Becurity		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (ransaction of Derivative		ve es d ed ed	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 Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Phantom Stock ⁽¹⁾	\$0.0000(2)	12/31/2023		A		20.627		(3)	(3)	Common Stock	20.627	\$274.23	3,252.9417	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 01/02/2024 in 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.