STOCK NAME AND Ticker or Trading Symbol:
AIR PRODUCTS & CHEMICALS INC /DE/ APD

1. Name and Address of Reporting Person
ghasemi Seifi

(Street) 1940 AIR PRODUCTS BLVD.
(City) ALLENTOWN
(State) PA
(Zip) 18106-5500

2. Issuer Name and Ticker or Trading Symbol:
AIR PRODUCTS & CHEMICALS INC /DE/ APD

3. Date of Earliest Transaction:
12/01/2021

4. Individual or Joint/Group Filing:
Form filed by One Reporting Person

5. Relationship of Reporting Person(s) to Issuer:
Director
10% Owner
Officer (give title below)
Chairman, Pres. and CEO

6. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date</th>
<th>Transaction Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>12/01/2021</td>
<td>A</td>
<td>14,855</td>
<td>$0.0000</td>
</tr>
<tr>
<td>Common Stock</td>
<td>12/01/2021</td>
<td>F</td>
<td>10,960</td>
<td>$289.54</td>
</tr>
<tr>
<td>Common Stock</td>
<td>12/01/2021</td>
<td>J</td>
<td>53,455</td>
<td>$0.0000</td>
</tr>
</tbody>
</table>

7. Nature of Indirect Beneficial Ownership:
By RSP

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Transaction Date</th>
<th>Transaction Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable</th>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
</table>

Explanation of Responses:
1. Not applicable to this security

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).
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.