FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287				
Estimated average burden					
hours per response:	3235-0287 0.5				

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI	2
Eiled nursuant to Section 16(a) of the Securities Exchance Act of 1934	

Section obligat	this box if no lo n 16. Form 4 or ions may contil tion 1(b).			ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								IP	Estima	OMB Number: 32 Estimated average burden hours per response:		0.5	
1. Name and Address of Reporting Person <sup>*</sup> THOMAS LAWRASON D					2. Issuer Name and Ticker or Trading Symbol <u>AIR PRODUCTS &amp; CHEMICALS INC /DE/</u> [ APD ]								k all applicab	Reporting Person(s) to Issuer le) 10% Own			
(Last)	Last) (First) (Middle) /201 HAMILTON BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year)							_	Officer (g below)			Other (s below)	pecify
(Street)					12/31/2003												
ALLEN	FOWN P	A	18195		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)	Devi		<b>C</b>			<b>D</b> :								
			Table I - Non						Dis	-	,	,	Jwned				
Date			2. Transa Date (Month/D		2A. Deemed Execution Dat if any (Month/Day/Ye		Code (Ins			es Acquire Of (D) (Inst	d (A) or r. 3, 4 and 5)	5. Amount of Securities Beneficially Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	n(s) d 4)				
			Table II - D (e					quired, D ts, optior					vned				
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o 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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Phantom Stock <sup>(1)</sup>	\$0.00	12/31/2003		Α		318.9758		08/08/1988 <sup>(3</sup>	<sup>2)</sup> 08	3/08/1988 <sup>(2)</sup>	Common Stock	318.9758	\$52.72	16,905.0907		D	
Explanatio	n of Respons	ses:															

1. Phantom deferred stock units (Units) acquired under the Air Products Stock Account of the issuer's Deferred Compensation Plan for Directors (the Plan). Under the Plan, all non-employee directors are credited with Units for the portion of their Board retainer required to be received in this form and they are permitted to defer receiving payment of all or a portion of the remainder of their Board and Committee retainers and meeting fees.

2. These units are generally payable in the form of shares of Common Stock equal in number to the units, after the reporting person's service on the issuer's Board of Directors ends, in a lump sum or up to ten installments as elected by the reporting person in advance.

By: Linda M. Svoboda as Attorney in Fact

01/05/2004

Date

\*\* 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.