FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
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| l | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* PAULL MATTHEW H | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AIR PRODUCTS & CHEMICALS INC /DE/ [APD] | | | | | | | | | of Reporting Pelicable) | | 10% O | wner |
|--|--|--|--|-------|---|---|---|-----|--|------|-----------|---|-----------------------------------|-----------------|---|--|----|--|---|
| (Last) (First) (Middle) 7201 HAMILTON BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2018 | | | | | | | | | | Officer (give title below) | | Other (s | sреспу |
| (Street) ALLENTOWN PA 18195 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X 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. Transac Date (Month/Date) | | | | | | Execution Date | | | , Transaction Dispose Code (Instr. 5) | | | rities Acqui ed Of (D) (In | red (A) str. 3, 4 | and Securiti | | ies For cially (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | t (A) or Pr | | ce | Transac (Instr. 3 | tion(s) | | | (|
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, 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. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exe Expiration (Month/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amou or Numb of Share | er | | | | | |
| Phantom Stock ⁽¹⁾ | \$0.0000(2) | 01/25/2018 | | | A | | 863 | | (3) | | (3) | Common Stock | 863 | | \$174 | 5,314.371 | .6 | 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.

Andrea I. Rennig as Attorney 01/29/2018 in Fact

** 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.