FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington	DC	20549	

Washington,	D.C.	20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:							

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

Name and Address of Reporting Person*     Ho David H Y				2. Issuer Name and Ticker or Trading Symbol Air Products & Chemicals, Inc. [ APD ]							(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
110 Day	id II I				,					X	Director			10% Ow	ner				
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/26/2023							Officer (g below)	give title		Other (sp below)	pecify			
1940 AII	R PRODUC	TS BLVD.																	
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						and the state of t						Line)	Line)						
ALLEN	TOWN P.	A	18106-5500											X	Form file	ed by One	Repor	ting Person	
,				_								Form filed by More than One Reporting Person			ng				
(City)	(8	state)	(Zip)																
		Ta	able I - Non-D	erivat	ive S	ecuritie	s Ac	qui	ired, D	isp	osed c	of, or E	3ene	ficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L			te	action 2A. Deemed Execution Date Day/Year) if any (Month/Day/Yea		e, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		(A) or 3, 4 and 5)	5. Amount Securities Beneficial	y Form: y (D) or		Direct I Indirect E	. Nature of ndirect Beneficial				
						(Month/Da	ay/ Yea	ar) L	r) 8)				1	Owned Fo Reported	, , , , , , ,			Ownership Instr. 4)	
								Code	<i>'</i>	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)						
			Table II - De	rivativ	re Se	curities	Aca	uire	ed. Dis	spo	sed of	or Be	enefi	icially O	wned	'			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Security or Exercise (Month/Day/Year) i		3A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transac Code (Ir				Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		nderlying ecurity	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 Exe	e ercisable		opiration ate	Title	N N	mount or umber of hares		(Instr. 4)	(0)		
Phantom Stock <sup>(1)</sup>	\$0.0000(2)	01/26/2023		A		512.7383			(3)		(3)	Commo		12.7383	\$312.05	19,129.8	8208	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 in 01/27/2023

Fact

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.