FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours por rospons	٥٠ ٥٥								

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* CALAWAY TONIT M					Air	2. Issuer Name and Ticker or Trading Symbol Air Products & Chemicals, Inc. [APD]									lationship ck all appli Directo	,	Perso	on(s) to Iss 10% Ow	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									Officer below)	(give title		Other (s below)	pecify	
1940 AIR PRODUCTS BLVD.				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X		iled by One		Ü	
ALLENTOWN PA 18106-5500											Form filed by More than One Reporting Person								
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins									ant to a See Instr	contra	act, instruct 1 10.	ion or written	olan th	at is intende	d to				
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	s Ac	quired, D	isp	osed o	of, or Be	enefic	ially	/ Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) Exe		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dis		Securities Acquired (A sposed Of (D) (Instr. 3,			Securiti Benefici	curities Fo neficially (D) ned Following (I)		Direct Cluber of tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount (A) or (D)		or Pri	се	Transac (Instr. 3	tion(s)			1115(1.4)	
	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. Deeme Execution if any (Month/Da	Date,	4. Transac Code (II 8)				6. Date Exer Expiration D (Month/Day/	ate	Amount of		of s ig e Securi	9	. Price of Perivative Pecurity Pecurity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	, E	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Ex _I Dat	piration te	Title	Amou or Numb of Share	er					
Phantom Stock ⁽¹⁾	\$0.0000 ⁽²⁾	06/30/2023			A		6.5588		(3)		(3)	Common Stock	6.558	38	\$294.75	1,111.254	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, 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 Fact

07/05/2023

** 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.