## Edgar Filing: HONEYWELL INTERNATIONAL INC - Form 4

| HONEYWELL IN<br>Form 4<br>June 01, 2015   | NTERNATI   | ONAL IN                                    | IC   |   |                          |   |   |   |   |
|---|--|--|--|---|--------------------------|---|---|---|---|
| FORM 4  |  |  |  |   |                          |   |   |   | PPROVAL   |
| -   | UNITED   | STATES                                     |  | RITIES A<br>shington,                             |                          |   | COMMISSION                                  | OMB<br>Number:  | 3235-0287   |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br><i>See</i> Instruction<br>1(b). | And the provided matrix and th |  |  |   |                          |   |   |   | urs per   |
| (Print or Type Respon   | ises)  |  |  |   |                          |   |   |   |   |
| 1. Name and Address<br>FRADIN ROGEI   |  |  | Symbol   |   |                          | Trading   | 5. Relationship of<br>Issuer<br>(Chec       | f Reporting Per<br>ck all applicabl                               |   |
| (Last) (I<br>101 COLUMBIA   | , , , , , , , , , , , , , , , , , , ,  | Middle)                                    |  | of Earliest Tr<br>Day/Year)<br>2015               | ransaction               |   | Director<br>X Officer (give<br>below)       |   | % Owner<br>her (specify   |
|   |  |  | If Amendment, Date Original<br>led(Month/Day/Year) |   |                          | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |   |   |   |
| MORRIS TOWN   | SHIP, NJ 0   | 7962                                       |  |   |                          |   | Form filed by M<br>Person                   | More than One R   | eporting  |
| (City) (S   | State)   | (Zip)                                      | Tab  | le I - Non-I                                      | Derivative               | Securities A  | Acquired, Disposed o                        | f, or Beneficia   | lly Owned   |
|   | nsaction Date<br>h/Day/Year)   | 2A. Deeme<br>Execution<br>any<br>(Month/Da | Date, if   | 3.<br>Transaction<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3, 4 | (A) or<br>of (D)  | SecuritiesHBeneficially(Owned(              | 5. Ownership<br>Form: Direct<br>D) or Indirect<br>I)<br>Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Reminder: Report on   | a separate line  | for each cla                               | uss of secu  | urities benef                                     | •                        | ned directly  | •   |   |   |
|   |  |  |  |   |                          |   | spond to the collect<br>tained in this form |   | SEC 1474<br>(9-02)  |

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|------------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | orDerivative | Expiration Date         | Underlying Securities  |
| Security    | or Exercise |                     | any                | Code       | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)       |

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| (Instr. 3)                                | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr.      | 8) | Acquired (<br>or Dispose<br>(D)<br>(Instr. 3, 4,<br>and 5) | d of |                     |                    |                 |                                     |
|---|------------------------------------|------------|------------------|--------------|----|--|------|---------------------|--------------------|-----------------|-------------------------------------|
|   |                                    |            |                  | Code         | V  | (A)  | (D)  | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of Shares |
| Supplemental<br>Savings Plan<br>Interests | (1)                                | 05/29/2015 |                  | A <u>(2)</u> |    | 17.385   |      | (2)                 | (2)                | Common<br>Stock | 17.385                              |

# **Reporting Owners**

| Reporting Owner Name / Address                                 | Relationships |           |               |       |  |  |  |
|--|---------------|-----------|---------------|-------|--|--|--|
| I O O O O O O O O O O O O O O O O O O O                        | Director      | 10% Owner | Officer       | Other |  |  |  |
| FRADIN ROGER<br>101 COLUMBIA ROAD<br>MORRIS TOWNSHIP, NJ 07962 |               |           | Vice Chairman |       |  |  |  |
| Signatures   |               |           |               |       |  |  |  |

| Jacqueline Katzel FOR Roger     |            |
|---------------------------------|------------|
| Fradin                          | 06/01/2015 |
| **Signature of Reporting Person | Date       |

## **Explanation of Responses:**

- \* 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).
- Instrument converts to common stock on a one-for-one basis. (1)
- Reflects phantom shares of common stock represented by Company contributions to my account under the Executive Supplemental (2) Savings Plan under Rule 16b-3 on 05/29/2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.