FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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

| Name and Address of Reporting Person* COTE DAVID M | | | | | HO | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | (Che | elationship o eck all applic Director Officer below) | able) |) Perso | 10% Ov Other (s below) | ner | |
|--|---|--|---|----------------|--|---|---------|-----|---|------|--------------------|--|---|--|--|---------------------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2007 | | | | | | | | Chairman & CEO | | | | | |
| (Street) MORRISTOWN NJ 07960 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Stat | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Sec | urities | Acq | uired, | Dis | posed of | , or Ben | eficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 5. Amour Securities Beneficia Owned Fe Reported | Form (D) or ollowing (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | | | | iiisu. 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Supplemental Savings Plan Interests | (1) | 02/02/2007 | | | A ⁽²⁾ | | 47.493 | | (2) | | (2) | Common Stock | 47.493 | \$46.16 | 6,568.8 | 72 | D | | |

Explanation of Responses:

- 1. Instrument converts to common stock on a one-for-one basis.
- 2. Reflects phantom shares of common stock represented by Company contributions to my account under the Executive Supplemental Savings Plan under Rule 16b-3 on 02/02/2007.

Jacqueline Whorms FOR David 02/05/2007 M. Cote

** 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.