FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
hours por rosponso:	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 a	Address of D	onesting Dayse:*			2 199	suer N	lame and	Ticke	er or Tradi	ina S	vmhol		5	Relatio	nnshin of	Renorting	ı Perso	nn(s) to Issu	ıer T
Name and Address of Reporting Person*     ANDERSON DAVID J						2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERSON DAVID J					HO	HON ]									Director	-i sist-		10% Ov	·
						-									Officer ( below)	give title		Other (s below)	ресіту
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Sr. VP & CFO						
101 COLUMBIA ROAD				01/29/2010															
I					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine)  X Form filed by One Reporting Person					
MORRISTOWN NJ 07960													Form filed by More than One Reporting						
(City)	(Stat	(7	ip)												Person	eu by More	z ulalı	Опе Керог	uiig
(City)	(Stat	.e) (2	ih)																
		Tabl	e I - Non	-Deriv	ative	Sec	urities	Acq	uired,	Dis	posed of	, or Ber	neficia	ly O	wned				
1. Title of Security (Instr. 3) 2. Transact				action				3. 4. Securities Acquired			d (A) or	) or 5. Amou					7. Nature of		
				Date (Month/	h/Day/Year)		Execution Date, if any (Month/Day/Year)		<del>                                     </del>		r. 3, 4 an	в	Securities Beneficially Owned Following		(D) or Indirect   E		Beneficial		
						100							—  R	Reported	ı " ''			Ownership (Instr. 4)	
									Code	v	Amount	ount (A) or (D)			Transaction(s) (Instr. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned														3				
		-									onvertib								
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deeme	Date, T	4.		5. Number		6. Date Exercisable and		7. Title and Am				9. Numbe		10.	11. Nature	
Derivative Security	Conversion or Exercise Price of Derivative		Execution E if any (Month/Day		Transa Code (							of Securit Underlyin		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)					8)				Derivative Sec (Instr. 3 and 4)					urity (Instr. 5)		Beneficially Owned Following Reported		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
	Security												,						(,
						of (D) (Instr. 3, 4 and 5)									Transaction(s)				
				<u> </u>		3, 4 and 5)		<u> </u>			Amour	nount		(111501. 4)					
													or						
									Date		Expiration		Numbe of	r					
					Code	V	(A)	(D)	Exercisa	ble	Date	Title	Shares	4					<u> </u>
Supplemental Savings Plan Interests	(1)	01/29/2010			A <sup>(2)</sup>		26.078		(2)		(2)	Common Stock	26.07	8 \$	38.64	3,739.0	21	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 01/29/2010.

<u>Jacqueline Whorms FOR David</u>
<u>J. Anderson</u> <u>02/01/2010</u>

\*\* Signature of Reporting Person

Date

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.