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 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*     James Mark R.       |  |  |  |        | HO                                     | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON ] |         |     |  |          |  |                     |   | elationship o<br>eck all applica<br>Director  | able)          | g Perso  | on(s) to Issu<br>10% Ov<br>Other (s                 | ner        |
| (Loot)  | <u> </u>   |  |  |        |  |   |         |     |  | below)   | give alle  |                     | below)  | pecity  |                |  |   |            |
| (Last) (First) (Middle) 101 COLUMBIA ROAD                     |  |  |  |        |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/19/2009                   |         |     |  |          |  |                     |   | Sr. VP, HR & Communications   |                |  |   |            |
| (Street)  |  |  |  |        |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                      |         |     |  |          |  |                     |   | 6. Individual or Joint/Group Filing (Check Applicable Line)   |                |  |   |            |
| MORRISTOWN NJ 07960   |  |  |  | 1      |  |   |         |     |  |          |  | 2                   | X Form filed by One Reporting Person                |   |                |  |   |            |
| (City) (State) (Zip)  |  |  |  |        |  |   |         |     |  |          |  |                     |   | Form filed by More than One Reporting<br>Person   |                |  |   | ing        |
|   |  |  | - 1 - 11:  | D      | - 45                                   |   |         | •   |  | <u> </u> |  | D                   | . 6: . : . !!                                       |   |                |  |   |            |
|   |  | Tabl                                       | e I - Non  | -Deriv | ative                                  | Sec   | urities | Acq | uired,   | Disi     | osed of  | , or Ben            | eficially   | y Owned   |                |  |   |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |  |  |        |  | Executio  |         |     | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) |          |  |                     | 5. Amoun<br>Securities<br>Beneficia<br>Owned Fo     | s Formulay (D) (I) (I)  |                | : Direct<br>Indirect<br>str. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |            |
|   |  |  |  |        |  |   |         |     | Code   | v        | Amount   | (A) or<br>(D)       | Price   | Reported<br>Transacti<br>(Instr. 3 a  | on(s)<br>nd 4) |  |   | (Instr. 4) |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |        |  |   |         |     |  |          |  |                     |   |   |                |  |   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | Date,  | 4.<br>Transaction<br>Code (Instr<br>8) |   |         |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                           |          | 7. Title an<br>of Securit<br>Underlyin<br>Derivative<br>(Instr. 3 ar | es<br>g<br>Security | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>lly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)             |            |
|   |  |  |  |        | Code                                   | v   | (A)     | (D) | Date<br>Exercisal  |          | Expiration<br>Date   | Title               | Amount<br>or<br>Number<br>of<br>Shares              |   |                |  |   |            |
| Supplemental<br>Savings Plan<br>Interests                     | (1)  | 06/19/2009                                 |  |        | A <sup>(2)</sup>                       |   | 23.913  |     | (2)  |          | (2)  | Common<br>Stock     | 23.913  | \$32.81   | 1,806.8        | 78   | 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 06/19/2009.

Jacqueline Whorms FOR Mark 06/22/2009 R. James

\*\* 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.