SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] KREINDLER PETER M					2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC							5. Relationship of Reportin (Check all applicable) Director			ng Person(s) to Issuer 10% Owner	
(Last) 101 COLU	(Firs JMBIA RO	,	/liddle)		HON] 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2007							X Officer (give title Other (spe below) below) Sr. VP and General Counsel			pecify	
(Street) MORRISTOWN NJ 07960 (City) (State) (Zip)				4. If Ame	endment, Date of	Original	Filed	Month/Day	'/Year)	Line	K Form fi	led by One led by Mor	e Repor	(Check App ting Persor One Repor	1	
		Tabl	e I - Nor	-Deriv	ative Se	curities Aca	wired	Dist	nosed of	or Ben	eficially	/ Owned				
Table I - Non-Deriv: 1. Title of Security (Instr. 3) 2. Transa Date (Month/D)							3. 4. Securi Transaction Disposed Code (Instr. 5)		4. Securiti Disposed	es Acquired Of (D) (Insti	- I (A) or	or 5. Amount 4 and Securities Beneficial Owned Fo		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		T				curities Acqu Is, warrants,	,		,			Owned				
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. Transactic Code (Inst 8)		6. Date Expirati (Month/	on Dat		7. Title an of Securit Underlyin Derivative (Instr. 3 ar	es J Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following	e S ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Title of Security (Instr. 3)	Date	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)

			(0.9., P		,		,	, optiono, t							
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Supplemental Savings Plan Interests	(1)	03/02/2007		A ⁽²⁾		28.483		(2)	(2)	Common Stock	28.483	\$45.91	9,256.542	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 03/02/2007.

Jacqueline Whorms FOR Peter 03/06/2007 M. Kreindler

** 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.