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 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] | | | | | | | | | ck all applic Directo | nship of Reporting Pers I applicable) Director | | on(s) to Issu 10% Ov Other (s | vner |
|--|--|--|--|---------------------------|---|---|-----------------------------------|---------------------------------------|---|---------------|------------------|--|-------------------------|----------------|---|---|-------|--|--|
| (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2007 | | | | | | | | _ × | below) | | | | specily | |
| (Street) MORRISTO | OWN NJ (State | | 7960 (p) | | 4. If A | men | dment, Da | ate of | Original Fil | led (N | Month/Day | //Year) | | 6. Inc | Form fi | led by One | Repo | (Check App rting Persor One Report | |
| | | Tab | le I - Nor | ո-Deriv | vative | Sec | curities | Acc | quired, C | Disp | osed o | f, or Bei | nefi | cially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Tran- Date (Month. | | | saction Day/Year | Execution Dat | | Date, | Transaction Disposed Code (Instr. | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | | s For ally Owned (D) | | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) (D) | (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | |
| | 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 Da if any (Month/Day/Y | Date, Transac Code (II | | | | ative es d (A) esed estr. | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | 7. Title and Amor of Securities Underlying Deriv Security (Instr. 3 4) | | ivative | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or Nu | mber Shares | | (Instr. 4) | 11(3) | | |
| Supplemental Savings Plan Interests | (1) | 09/14/2007 | | | A ⁽²⁾ | | 38.843 | | (2) | | (2) | Common Stock | 38 | 3.843 | \$56.44 | 7,296.54 | 19 | 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 09/14/2007.

Jacqueline Whorms FOR David M. Cote

09/17/2007

** 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.