FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington, D.C. 20549	
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OMB APF	PROVAL
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

## 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

										_										
1. Name and Address of Reporting Person* WRIGHT MICHAEL W					2. Issuer Name <b>and</b> Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WRIGHT MICHAEL W					HON	1]							) J	Directo	r		10% Ov	/ner		
-											(give title		Other (s	pecify						
(Last) (First) (Middle)						e of E	arliest T	ransa	ction (Mo	onth/[	Day/Year)			below)			below)			
101 COLUMBIA ROAD						09/25/2009														
	<u> </u>																			
(Ctroot)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MORRIST(	OVAZNI NII	07	960												X Form filed by One Reporting Person					
MORRISTO	JWN NJ	0/	960										'	, , ,						
														Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)									1 013011										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			1 - 1401			1			1	<i>D</i> 13	·			_						
1. Title of Sec	urity (Instr. 3	3)		2. Transa Date	ection 2A. Deemed Execution Date.				3. Transa	ction	4. Securiti	es Acquire Of (D) (Inst	d (A) or r 3 4 and	5. Amoun		6. Ownership Form: Direct		7. Nature of ndirect		
Date   (Month/D						ay/Year) if any				Code (Instr. 5)			o, 4 ana	Beneficia	ally (D)		or Indirect	Beneficial		
					(Month/Day/Year)				8)					Owned Fo			Instr. 4)	Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transacti	tion(s)						
											(D)		(Instr. 3 a	na 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., p	uts, c	alls,	warra	nts,	option	ıs, c	onvertib	le secu	rities)							
1. Title of	2.	3. Transaction	3A. Deer	ned	4.		5. Num	nber	6. Date E	xerci	isable and	7. Title an	d	8. Price of	9. Numbe	er of	10.	11. Nature		
Derivative	Conversion	Date	Execution		Transa		of Derivative Securities Acquired		Expiration	on Da	te	Amount o	f	Derivative Security	derivative	e	Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/E	Dav/Year)	Code (   8)	Instr.						Securities Underlyin	Securities Underlying		Securities Beneficially Owned		Form: Direct (D) or Indirect	Beneficial Ownership		
(	Derivative		(	-u,, . ou.,	",				Acquired Derivative S					Security				(Instr. 5)	(Instr. 4)	
Security						(A) or		(A) or Disposed		(Instr. 3 and					Following Reported		(I) (Instr. 4			
						of		of (D)									Transacti	ction(s)		
						(Instr. 3, 4 and 5)								(Instr. 4)						
										Amount										
								ΙI					or							
								ΙI	Date		Expiration		Number of							
					Code	v	(A)	(D)	Exercisa	ıble	Date	Title	Shares							
Deferred																				
Compensation	(1)	09/25/2009			A <sup>(2)</sup>		66.12		(2)		(2)	Common	66.12	\$37.81	47,039.8	821	D			
(Phantom Shares)												Stock								

## Explanation of Responses:

- 1. Instrument converts to common stock on a one-for-one basis.
- $2.\ Phantom\ shares\ are\ accrued\ under\ the\ Deferred\ Compensation\ Plan\ for\ Non-Employee\ Directors\ and\ will\ be\ settled\ in\ Cash\ on\ 1/1/2012.$

Jacqueline Whorms FOR Michael W. Wright

09/29/2009

\*\* 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.