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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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 APPROVAL | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| 6 | OMB Number: 3235-0287 | | | | | | | | | | |
| E | Estimated average burden | | | | | | | | | | |
| h | iours per response: | 0.5 | | | | | | | | | |

| 1. Name and Address <u>WRIGHT MI</u> | s of Reporting Person CHAEL W | | 2. Issuer Name and Ticker or Trading Symbol <u>HONEYWELL INTERNATIONAL INC</u> [HON] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|----------------------------------|----------|--|--|--------------------------------------|--|--|--|--|---|---|---|--|
| (Last) 101 COLUMBIA | (First) ROAD | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2007 | | | | | | Officer (give title below) | Other below | (specify) | |
| (Street) MORRISTOWN | NJ | 07960 | 4. If Ame | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | Form filed by Mor | e than One Repo | orting Person | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) Code | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

| | | | | | | | | | | (D) | | (Instr. 3 an | d 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | Transaction C Code (Instr. S 8) A 0 | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Deferred Compensation (Phantom Shares) | (1) | 04/02/2007 | | A ⁽²⁾ | | 624.185 | | (2) | (2) | Common Stock | 624.185 | \$46.06 | 34,150.435 | D | |

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 following retirement.

Jacqueline Whorms FOR Michael W. Wright

04/04/2007

Date

** Signature of Reporting Person

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.