Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimigton, | D.O. | 200-0 | |
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STATEME

| NT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number | r: 3235-028 | | |
|---------------------------------------|--------------------------|-------------|--|--|
| | Estimated average burden | | | |

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 | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* GILLETTE ROBERT J | | | | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [HON] | | | | | | | (Ch | elationship c eck all applic Directo | able) | g Pers | on(s) to Issu 10% Ov Other (s | vner | | |
|---|--|----------------------|---|---|---|-----------------------------------|--|--|--|-------------------------|---|--|---|--|---|--|---|--|
| (Last) 101 COLU | (Firs | , | 1iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2009 | | | | | | | below) | | EO, | below) Aerospace | ` | | |
| (Street) MORRISTOWN NJ 07960 (City) (State) (Zip) Table I - Non-Derivative Securities Acc | | | | | | f Original Filed (Month/Day/Year) | | | | Line | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | 2. Trans | | | 3. Transa | action | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | d (A) or r. 3, 4 and | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 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 | ise (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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental Savings Plan Interests | (1) | 06/05/2009 | | | A ⁽²⁾ | | 69.342 | | (2) | | (2) | Common Stock | 69.342 | \$35.72 | 6,028. | 48 | 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 06/05/2009.

Jacqueline Whorms FOR 06/08/2009 Robert J. Gillette

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.