FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasimigton, | D.O. 200-0 | |
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| OMB A | PPROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

| 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

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

| 1. Name and Address of Reporting Person* <u>GILLIGAN J KEVIN</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON | | | | | | | | (Ch | Relationship of eck all applic Directo | able) | y Pers | on(s) to Issu 10% Ov Other (s | vner |
|--|---|--|---|--------------------------|---|---|--------|---|------------------|--|----------------------|--|---|--|--|----------------|--|---|
| (Last) PO BOX 5 | (Firs | t) (N | 1iddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2003 | | | | | | | | below) | sident and | d CE | below) | респу |
| (Street) MINEAPO | LIS MN | 5.5 | 5440-0524 | 1 | 4. If a | · | | | | | Line | e) <mark>X</mark> Form fi | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | ı | | |
| (City) | (Stat | te) (Z | ip) | | | Person | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| D D | | | Date | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) | | | Beneficia Owned F | s Form | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Co | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ction(s) | | | (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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou of Securities Underlying Derivative Securit (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 | 08/29/2003 | | | A ⁽¹⁾ | | 40.863 | | 08/08/1 | 988 | 08/08/1988 | Common Stock | 40.863 | \$28.99 | 3,126.1 | 23 | D | |

Explanation of Responses:

1. Reflects phantom shares of common stock represented by Company contributions to my account under the Executive Supplemental Savings Plan under Rule 16b-3 on 8/29/03.

Gail E. Lehman for Kevin J.

<u>Gilligan</u>

09/03/2003

** 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.