FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 Number: | 3235-0287 | | | | | | |
|--------------------------|----------------------|--|--|--|--|--|--|
| Expires: | December 31, 2014 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

OMB APPROVAL

I

| | | | | | | | | | | | | | | | - | | | |
|--|--|-------|---------|--|--|--|--|---|------------------|---|--------------------|---|---|--|--|---|------|------------|
| 1. Name and Address of Reporting Person* GILLETTE ROBERT J | | | | HC | 2. Issuer Name and Ticker or Trading Symbol <u>HONEYWELL INTERNATIONAL INC</u> [HON] | | | | | | | (Che | elationship c eck all applic Directo Officer | able) | g Pers | on(s) to Iss 10% Ov Other (s | vner | |
| (Last) | (Firs | t) (N | /iddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2003 | | | | | | | below) | | Chief | below) f Executiv | | |
| (Street) | | | | | 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transi Date (Month/I | | | | Day/Year) Execu | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 4) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | Beneficia Owned F | es Form ally (D) c Following (I) (II | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ive ies ed ed Instr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | 1 | | | | |

08/08/1988

Explanation of Responses:

1

Supplemental

Savings Plan

Interests

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 6/13/03.

19.328

| Gail E. Lehman for Robert J. | 06/17/2002 | | |
|------------------------------|-------------------|--|--|
| <u>Gillette</u> | <u>06/17/2003</u> | | |

** Signature of Reporting Person Date

19.328

\$27.86

839.277

D

Common

Stock

08/08/1988

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).

06/13/2003

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

A⁽¹⁾

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.