FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasinigton, | D.C. | 20349 | |
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| | | | |

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnons | e· 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* COTE DAVID M | | | | HO | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | | | k all applica Director Officer (| able) | g Perso | on(s) to Issu 10% Ov Other (s | /ner | |
|---|--|------------|-------------|--|--|---|--|--------|------------------|-------------------|--------------------|---|---|--|--|--|-------------------------------------|------|--|
| (Last) 101 COLU | (First | , | liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2013 | | | | | | Λ | Chairman & CEO | | | | | | |
| (Street) MORRIST (City) | OWN NJ | | 7960 ip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 3. Indi ₋ine) X | Form fil | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | or 5. Amount o | | Form: (D) or | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) Pr | | e | Transacti (Instr. 3 a | ion(s) | | | ,iiisti. 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 Date Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | Date, | | Transaction of Code (Instr. Derivative | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and of Securiti Underlying Derivative (Instr. 3 and | | | ies g Secur | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |
| Supplemental Savings Plan Interests | (1) | 07/26/2013 | | | A ⁽²⁾ | | 43.018 | | (2) | | (2) | Common Stock | 43.0 | 18 | \$82.88 | 20,851.0 | 044 | 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 07/26/2013.

<u>Jacqueline Katzel FOR David</u> <u>M. Cote</u>
<u>07/29/2013</u>

** 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.