FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ington, D.C. 20 | 0549 |
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| OMB APPROVAL | | | | | | | | | | | |
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| hours per response: | 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

| 1. Name and Address of Reporting Person* AYER WILLIAM S | | | | HC | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON | | | | | | | | elationship of ck all applica Director | ble) | Perso | 10% Owi | ner | |
|--|--|--|---|---------------|---|---|--|-----------------------------------|--|----------------------------|---------------------------|---|--|--|--|--|--|--|
| (Last) (First) (Middle) | | | | | | _ | | | | | | | | | | Other (sp below) | ecify | |
| 115 TABOR ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019 | | | | | | | | | | | | |
| (Street) MORRIS PLAINS | N1 07950 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State | e) (Z | ip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | /Day/Year) if | | A. Deemed Execution Date, f any Month/Day/Year | | Transaction Disposed Code (Instr. | | es Acquire Of (D) (Inst | d (A) or r. 3, 4 and 5 | Beneficial Owned Fo | Form (D) o | | Direct II Indirect E | 7. Nature of ndirect Beneficial Dwnership | | |
| | | | | | | | | | Code V | 4 | Amount (A) | | Price | Transactio | Reported Transaction(s) (Instr. 3 and 4) | | | nstr. 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) | | 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V (A) | | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | ion(s) | | |
| Deferred Compensation (Phantom Shares) | (1) | 01/02/2019 | | Ì | A ⁽²⁾ | | 454.132 | | (2) | | (2) | Common Stock | 454.132 | \$132.12 | 2,790 | .2 | 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 upon termination or retirement.

Su Ping Lu for William S. Ayer 01/03/2019

** 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.