FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Igton, D.C. 20549 | 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* HOWARD JAMES J  |   |  |   |         |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC |         |   |                                    |          |                      |  |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   |  |  |   |  |  |
|--|---|--|---|---------|------------------------------|--|---------|---|------------------------------------|----------|----------------------|--|---|---|---|--|--|---|--|--|
| 110 11/110   | HON ]   |  |   |         |                              |  |         |   | 7                                  | Director |                      |  | 10% Ov  | vner  |   |  |  |   |  |  |
| -  |   |  |   |         |                              |  |         |   |                                    |          |                      | Officer below)   | Officer (give title   |   | Other (s  | specify                                    |  |   |  |  |
| (Last) (First) (Middle) PO BOX 524                       |   |  |   |         |                              | 3. Date of Earliest Transaction (Month/Day/Year) 07/19/2006                    |         |   |                                    |          |                      |  |   |   |   |  | below)   |   |  |  |
| (Street)   |   |  |   |         |                              | 4. If Amendment, Date of Original Filed (Month/Day/Year)                       |         |   |                                    |          |                      |  |   |   | 6. Individual or Joint/Group Filing (Check Applicable Line)   |  |  |   |  |  |
| MINEAPOLIS MN 55440-0524                                 |   |  |   | !4      |                              |  |         |   |                                    |          |                      |  |   | X Form filed by One Reporting Person                |   |  |  |   |  |  |
| (City) (State) (Zip)                                     |   |  |   |         |                              |  |         |   |                                    |          |                      |  |   | Form filed by More than One Reporting<br>Person     |   |  |  |   |  |  |
|  |   | Table                                      | l - Nor   | n-Deriv | ative                        | Secu   | ırities | Acq   | uired,                             | Dis      | posed of             | , or Ben   | eficially   | y 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, 5) |                                    |          |                      | Securities<br>Beneficia  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |   | Direct<br>Indirect<br>str. 4)   | 7. Nature of Indirect Beneficial Ownership |  |   |  |  |
|  |   |  |   |         |                              |  |         | Code  | v                                  | Amount   | (A) or<br>(D)        | Price  | Transacti<br>(Instr. 3 a                                      | saction(s)  |   |  | (Instr. 4)   |   |  |  |
|  |   | Та   |   |         |                              |  |         |   |                                    |          | osed of,<br>onvertib |  |   | Owned   |   |  |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transa<br>Code (<br>8) |  | ion of  |   | 6. Date E<br>Expiratio<br>(Month/D | n Dai    |                      | 7. Title an<br>Amount o<br>Securities<br>Underlyin<br>Derivative<br>(Instr. 3 an | f<br>g<br>Security  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | is<br>Blly                                 | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |  |  |
|  |   |  |   |         | Code                         | v  | v (A)   |   | Date<br>Exercisa                   |          | Expiration<br>Date   | Title  | Amount<br>or<br>Number<br>of<br>Shares                        |   |   |  |  |   |  |  |
| Deferred<br>Compensation<br>(Phantom<br>Shares)          | (1)   | 07/19/2006                                 |   |         | A <sup>(2)</sup>             |  | 26.15   |   | (2)                                |          | (2)                  | Common<br>Stock  | 26.15   | \$38.24   | 26,231.9  | 983  | 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 following retirement.

Jacqueline Whorms for JAMES 07/21/2006 J. HOWARD

\*\* 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.