FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinigton,	D.C.	20349	

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

							. ,												
Name and Address of Reporting Person*  ED A DIAL DOCEED.				2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>FRADIN ROGER</u>												Directo	r		10% Ov	vner			
<i>(</i> , , )	<b>/=</b> :				HU	HON ]								X Officer below)	(give title Other (below)		Other (s below)	pecify	
(Last)	(Firs	t) (N	1iddle)		3. Date of Earliest Transaction (Month/Day/Year)									President &CEO. ACS					
101 COLUMBIA ROAD					05/0	05/06/2005								-	resident e	X G L C	, 11C5		
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													- 1	,		_	5		
MORRIST	OWN NJ	0	7962											X Form fi	led by One	керо	rting Persor	'	
(City)	(Stor	·a) (7	in)											Form filed by More than One Reporting Person					
(City)	(Stat	.e) (2	ip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Se	curity (Instr.	3)		2. Trans	action	ction 2A. Deemed			3.			es Acquire		5. Amour	nt of	nt of 6. Owr		7. Nature of	
Date				Dov/Vor	Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			r. 3, 4 and	Securitie Beneficia		Form: Direct (D) or Indirect		Indirect Beneficial			
(Month/Da						(Month/Day/Year)							Owned F	ollowing (i) (Ins		str. 4)	Ownership		
											(A) or			Reported Transaction(s)			(Instr. 4)		
									Code	٧	Amount (D)		Price	(Instr. 3 a					
		411.40	`~~	wi±i.a.a. A		ired D	ion	sed of,	or Dono	ficially.	Ourmand	'							
		10									onvertib			Owned					
1. Title of 2. 3. Transaction 3A. Deemed 4				4. 5. Numbe		Number 6. I		6. Date Exercisable and 7. Title and Am			d Amount	mount 8. Price of		9. Number of		11. Nature			
Derivative	Conversion	Date	Execution if any (Month/Day	n Date,	Transa	ction	on of		Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)				Derivative	derivative		10. Ownership			
Security	or Exercise				Code (	Instr.							Security	Securities		Form: Direct (D) or Indirect	Beneficial		
(Instr. 3)	Price of Derivative				8)				(Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		ily	Ownership (Instr. 4)	
Security						(A) or						•		Following		(I) (Instr. 4)	` ′		
						Disposed of (D) (Instr.								Reported Transaction(s)					
						3, 4 and 5)							(Instr. 4)						
													Amount	1					
								ΙI					or Number						
								ΙI	Date		Expiration		of						
					Code	٧	(A)	(D)	Exercisa	ble	Date	Title	Shares						
Supplemental Savings Plan	(1)	05/06/2005			A		35.069		(2)		(2)	Common Stock	35.069	\$36.85	298.2	4	D		
Interests	l							1				I Stock	l	1	I			1	

## **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 5/6/05.

Gail E. Lehman for Roger 05/09/2005 <u>Fradin</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.