FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| UMB APPRO | VAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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)

1. Name and Address of Reporting Person*

ANDERSON DAVID J

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) **HONEYWELL INTERNATIONAL INC** Director HON] Officer (give title Other (specify below) X below) 3 Date of Farliest Transaction (Month/Day/Year)

| l | | | | | | | | | | | | | | below) | | | helow) | |
|---|---|--|---|---|---|--|--|-----|--|---------------|---------------------|---|--|---|--|---|--|---------------------------------------|
| (Last) 101 COLU | (Last) (First) (Middle) 101 COLUMBIA ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2013 | | | | | | | | | Sr. VP & CFO | | | | | |
| (Street) MORRIST | OWN NJ | 07960 | | | 4. If a | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (Sta | te) (Z | Zip) | | | | | | | | | | | Person | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | urities | Acq | juired, I | Disp | oosed of | , or Ben | eficially | / Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans Date (Month/ | /Day/Year) if | | if any | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) 5) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of ndirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | ion(s) | | | Instr. 4) | | |
| | | Т | | | | | | | | | sed of, onvertib | | | Owned | | | | |
| 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) | | n of E | | 6. Date Exercis Expiration Date (Month/Day/Yea | | e of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ve es ially ng ed etion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental Savings Plan Interests | (1) | 04/05/2013 | | | A ⁽²⁾ | | 20.395 | | (2) | | (2) | Common Stock | 20.395 | \$72.98 | 6,241.0 | 04 | 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 04/05/2013.

Jacqueline Katzel FOR David J. 04/08/2013 **Anderson**

** 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.