FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Szlosek Thomas A | | | | | | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | | (Check all applic | | or (give title | | son(s) to Issuer 10% Owner Other (specify below) | | |
|---|---|------------|---|--|------|---|-----|--------|---|-----------------------------|--|---|---------------------------------------|-------------------|--|--|---------------|--|--|--|
| (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2015 | | | | | | | | | below) | Sr. VP | & CI | , | | |
| (Street) MORRIS TOWNSHIP NJ 07960 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 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) | (Zip) | | | | | | | | | | | | | | | | | |
| | | | ole I - N | | | _ | | | <u> </u> | d, Di | sposed o | - | | ally | 1 | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at | | | 5) | Beneficially Owned Following | | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 07/23/20 | | | | | | 15 | | | М | | 20,000 | A | \$58. | .48 | 52 | ,317 | | D | | |
| Common Stock 07/23/20 | | | | | 2015 |)15 | | | S | | 20,940 | D | \$104. | 86(1) | 31 | ,377 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 5 | 96 | | I | Held in 401(k) plan | |
| | | | Table II | | | | | | | | posed of, convertil | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deel Execution if any (Month/I | | | ansaction ode (Instr. | | | | Exerc tion Da n/Day/\ | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | D S | Price of erivative ecurity nstr. 5) | 9. Numbe 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 Exercis | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Stock Option (right to | \$58.48 | 07/23/2015 | | | M | | | 20,000 | 02/26/2 | 2012 | 02/25/2018 | Common Stock | 20,00 | 00 | \$0 | 0 | | D | | |

Explanation of Responses:

1. The price reported in this column is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$104.82 to \$104.93, inclusive. The Reporting Person undertakes to provide to Honeywell International Inc., any security holder of Honeywell International Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Jacqueline Katzel for Thomas A. Szlosek

07/24/2015

** 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.