Check this box

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| wasnington, | D.C. | 20549 | |
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| | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed groups and the Continue (CC) of the Constitute Freehouse And of (CC) |

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

| | | | | | or Se | ection | 1 30(n) o | it the i | nvestment | Con | npany Act | of 1940 | | | | | | |
|--|------------------|--|----------------|--|---|--------|--|----------|--|---------------|---|--|---|--|---|--|--|--|
| Name and Address of Reporting Person* WEIDENKOPF THOMAS W | | | | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | | | eck all applic Directo | or 10% (| | 10% Ov | vner | |
| (Last) HONEYWE | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006 | | | | | | | | | below) | Officer (give title below) Sr VP of HR & Cor | | Other (specify below) mmunications | |
| 101 COLUMBIA ROAD (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| MORRISTO (City) | OWN NJ (State | | 7962 | | | | | | | | | | | | | | | |
| (Oity) | (Oldic | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transic Date (Month/E | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (Instr. Dis | | | | 5. Amount of 5) Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ction(s) | | | (Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution | | n Date, Transacti Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | y D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental | (1) | 00/00/0000 | | | . (2) | | 0.404 | | (2) | | (2) | Common | 0.401 | 044.70 | 044.00 | | | |

Explanation of Responses:

Interests

- 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 3/3/06.

Gail E. Lehman for Thomas W. Weidenkopf

03/07/2006

** 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.