SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: 3235-0 | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Section 1 | is box if no long L6. Form 4 or Fo ns may continue on 1(b). | orm 5 | STAT | | ed pursuan | t to Section 16(a) | of the Se | ecuritie | es Exchang | e Act of 19 | | HIP | Estim | Number: ated aver per resp | rage burder | 3235-0287 1 0.5 |
|---|---|--|--|--|--------------------------------------|-------------------------------|--|----------|----------------------------|---|----------------------|---|--|----------------------------------|--|--|
| Winters | Kathleen | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | V Officer (give title | | | n(s) to Issu 10% Ov Other (s below) | vner | | |
| (Last) 101 COLU | (Firs JMBIA RO | , | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2012 | | | | | | | Presiden | it and C | Controlle | : | | |
| (Street) MORRISTOWN NJ 07960 (City) (State) (Zip) | | | | | | endment, Date of | Original | Filed (| (Month/Day | 'Year) | Line | Form fil | ed by One | e Report | Check App ing Persor Dne Repor | 1 |
| | | Tabl | e I - Nor | n-Deriv | ative Se | ecurities Acc | juired, | Disp | posed of | , or Ber | eficially | / Owned | | | 3 | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | action Day/Year) | | | Disposed | es Acquire Of (D) (Inst | | | | 6. Own Form: 1 (D) or 1 (I) (Inst | Direct ndirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | | (Instr. 4) |
| | | Т | | | | urities Acqu Is, warrants, | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactic Code (Inst 8) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | ies g Security | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

| Lupplemental Savings PlanLutplemental Savings PlanLutplemental <th></th> <th></th> <th></th> <th></th> <th colspan="5">· · · · · · · · · · · · · · · · · · ·</th> <th colspan="2">l</th> <th></th> <th></th> | | | | | · · · · · · · · · · · · · · · · · · · | | | | | l | | | | | |
|---|---|-----|------------|------------------|---------------------------------------|--------|-----|-----|-----|-----------------|--------------------|---------|-----------|---|--|
| Savings Plan (1) 11/30/2012 A ⁽²⁾ 16.556 (2) (2) Common Stock 16.556 \$61.33 1,074.581 D | | | | Code | v | (A) | (D) | | | Title | or Number of | | | | |
| | Supplemental Savings Plan Interests | (1) | 11/30/2012 | A ⁽²⁾ | | 16.556 | | (2) | (2) | Common Stock | 16.556 | \$61.33 | 1,074.581 | 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 11/30/2012.

| <u>Jacqueline Katzel FOR</u> | 17 |
|------------------------------|----|
| Kathleen A Winters | 1. |

2/03/2012

** 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.