FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ngton, D.C. 20549 OMB APPROVAL

| | OMB Number: | 3235-0287 | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|
| | Estimated average bure | den | | | | | | |
| ı | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | () - | | | | 1 7 | | | | | | | | |
|--|--|--|---|--|--|--|-------|------|--|---|--------------------|---|-----------------------------------|---|------------------------------------|---|---------------------------------|--|---------------------------------------|
| 1. Name and | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| Winters Kathleen A | | | | | | HON] | | | | | | | | | Directo | | | 10% Ov | · . |
| 4. 0 | : | | | | | _ | | | | | | | | X | below) | (give title | | Other (s below) | specify |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Vice | President | and | Controlle | r |
| 101 COLUMBIA ROAD | | | | | 06/0 | 06/01/2012 | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) MORRISTOWN NJ 07960 | | | | | | | | | | | | | | ine) X Form filed by One Reporting Person | | | | | |
| MORRISTOWN INJ 0/900 | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | lung | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | ed (A) o tr. 3, 4 a | 4 and Securit Benefic Owned | | es Fo ially (D Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 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) | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Supplemental Savings Plan Interests | (1) | 06/01/2012 | | | A ⁽²⁾ | | 6.773 | | (2) | | (2) | Common Stock | 6.77 | 73 | \$53.94 | 949.20 | 7 | 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 06/01/2012.

<u>Jacqueline Katzel FOR</u>
Kathleen A. Winters

06/04/2012

** 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.