FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHII |
|-----------|------------|---------------|-----------|

| OMB APPRO | OVAL |
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| OMB Number: | 3235-0287 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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. Name and Address of Reporting Person* Kramvis Andreas | | | | HO | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | | elationship o eck all applic Directo | able) | g Perso | on(s) to Issu 10% Ov Other (s | ner | |
|--|--|------------|-----------------|----------------|--|--|--------|---------------------------------------|---|---|---|-----------------|---|--|------------|-------------------------------------|-----|--|
| (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011 | | | | | | | | X Officer (give title Other (specify below) President & CEO, SM | | | | | |
| (Street) MORRISTOWN NJ 07960 (City) (State) (Zip) | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 5. Amour Securitie Beneficia Owned F | s Form ally (D) or ollowing (I) (In | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | | Date, | Transaction of | | Expiration Date of Sec (Month/Day/Year) Under Deriva | | of Securit Underlyin Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental Savings Plan Interests | (1) | 03/11/2011 | | | A ⁽²⁾ | | 10.423 | | (2) | | (2) | Common Stock | 10.423 | \$56.27 | 3,859.8 | 85 | 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 03/11/2011.

<u>Jacqueline Katzel FOR Andreas</u> <u>Kramvis</u> 03/14/2011

** 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.