FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BE

| | OMB APPROVAL | | | | |
|---------------------|--------------------------|--|--|--|--|
| ENEFICIAL OWNERSHIP | OMB Number: 3235-0287 | | | | |
| | Estimated average burden | | | | |

5. Amount of

Owned Following

Securities Beneficially

6. Ownership

Form: Direct (D) or Indirect (I) (Instr. 4)

7. Nature of

Indirect Beneficial

Ownership (Instr. 4)

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

1. Title of Security (Instr. 3)

| • | T: | able I - Non-Deriv | vative Securities Acquired, Disposed of, or Benefic | ially (| Owned | | | |
|--|--|--------------------|---|---|--|-----------------------------|-----|--|
| (City) | (State) | (Zip) | | | Person | y More than One Reporti | 19 | |
| (Street) MORRISTOWN NJ 07960 | | 07960 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (Last) 101 COLUMBIA | ast) (First) (Middle) 01 COLUMBIA ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2012 | A | below) SVP and | below) d General Counsel | | |
| Name and Address of Reporting Person* Adams Katherine L. | | | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | all applicable) Director Officer (give | 10% Owr title Other (sp | ner | |
| obligations may continue. See Instruction 1(b). | | File | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | <u>L</u> | hours per response: | 0.5 | |

4. Securities Acquired (A) or

Disposed Of (D) (Instr. 3, 4 and 5)

(A) or (D) Transaction(s) Price Code Amount (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (e.g., puts, cans, 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. Transa Code (8) | | n of | | 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Supplemental Savings Plan | (1) | 05/18/2012 | | A ⁽²⁾ | | 15.668 | | (2) | (2) | Common Stock | 15.668 | \$55.23 | 2,145.243 | D | |

3. Transaction Code (Instr. 8)

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 05/18/2012.

2A. Deemed

Execution Date, if any (Month/Day/Year)

> Jacqueline Katzel FOR 05/21/2012 Katherine L. Adams

** 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).

2. Transaction

(Month/Day/Year)

Date

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.