| SEC Form 4 | |
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| FORM | 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| Section 1 | is box if no long 6. Form 4 or Fo is may continue n 1(b). | orm 5 | STAT | | d pursi | uant to | Section | 16(a) | of the Se | ecuriti | SEFICIA es Exchang npany Act o | je Act of 1 | | SHIP | Estim | Numbe ated av per res | erage burden | 0.5 |
|--|---|--|---|--|---|---------|--|--------|--|-------------------|---|---|--|------------------------------------|--|---|--|--|
| 1. Name and Address of Reporting Person* Adams Katherine L. | | | | 2. Issuer Name and Ticker or Trading Symbol <u>HONEYWELL INTERNATIONAL INC</u> [HON] | | | | | | | | [(CI | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Conflicer (give title Other (specify | | | | | |
| (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2015 | | | | | | | | X Concer (give the Conner (specify below) below) SVP and General Counsel | | | | | | |
| (Street) MORRIS TOWNSHI | IP NJ (Stat | | 7962 ip) | | 4. If <i>i</i> | Amend | ment, Da | ate of | Original | Filed | (Month/Day | r/Year) | 6. I Lin | X Form fi | led by One led by Mor | e Repo | (Check App rting Person One Report | . |
| | | Tabl | e I - Nor | n-Deriv | ative | Secu | urities | Acq | uired, | Dis | posed of | f, or Be | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | | Form | Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | r Price | Transacti | Transaction(s) (Instr. 3 and 4) | | | insu: 4) | |
| | | T, | | | | | | | | | osed of, convertib | | | Owned | | | | |
| 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | of Secur Underlyi | ng ve Security | Derivative Security | 9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | e Ownersh s Form: Ily Direct (D or Indire g (I) (Instr. | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | 1 | | | | |
| Supplemental Savings Plan | (1) | 03/20/2015 | | | A ⁽²⁾ | | 11.166 | | (2) | | (2) | Common | 11.16 | 5 \$105.4 | 3,390.8 | 371 | D | |

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 03/20/2015.

| Jacqueline Katzel FOR | 02/22/2015 |
|----------------------------------|------------|
| Katherine L. Adams | 03/23/2015 |
| ** Signature of Reporting Person | Date |

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.