FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

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* <u>GILLETTE ROBERT J</u> | | | | HC | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON | | | | | 5. Re (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|---|--|--|---------|--|---|---|--------|---------------------|---|---|---|---|---|-------------------|--|--|
| (Last) | (Firs | t) (M | 1iddle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | below) | .0 | below CEO, TPS | | |
| | | | | 02/2 | 02/20/2004 | | | | | | | | | | | |
| 23326 HAWTHORNE BLVD STE 200 | | | | | 4. If Amandment, Date of Original Filed (Month/Druib/s-v) | | | | | | 0.10 | C. Individual or Jaint/Croup Filips (Charly Applicable | | | | |
| (Street) TORRANCE CA 90505-3756 | | | 4. 17 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 5. Amoun Securities Beneficia Owned Fo Reported | s Formally (D) (ollowing (I) (I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | (111541. 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 | rcise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Derivative Securities Acquired | | ive ies ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Derivative Sec (Instr. 3 and 4) | | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ct (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental Savings Plan Interests | (1) | 02/20/2004 | | A ⁽²⁾ | | 14.701 | | (2) | (2) | Common Stock | 14.701 | \$35.58 | 1,274.04 | 3 D | | |

Explanation of Responses:

- I. 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 2/20/04.

Gail E. Lehman for Robert J.

Gillette

02/24/2004

** 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.