FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasinigton,	D.C.	20349	

STATEMENT	OF CHANGE	ES IN BENE	EFICIAL C	WNERS	HIP

	OMB APPROVAL								
ОМВ	OMB Number: 3235-0287								
Estim	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

Name and Address of Reporting Person* Kramvis Andreas			HC	2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			wner		
(Last) (First) (Middle) 101 COLUMBIA ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015					- '	X United (give title United (Specify below) Vice Chairman				
(Street) MORRIS TOWNSHI	IP NJ	07	7962	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				
(City)	(Stat		ip)												
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			saction /Day/Yea	Execution Date, Transaction Disposed C			es Acquired Of (D) (Instr (A) or (D)	(A) or . 3, 4 and Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction of Code (Instr. Derivative		Expiration Date of Secu (Month/Day/Year) Underly Derivati		of Securiti Underlying Derivative	7. Title and Amount of Securities Underlying Serivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Supplemental Savings Plan Interests	(1)	05/15/2015		A ⁽²⁾		12.634		(2)	(2)	Common Stock	12.634	\$106.85	5,954.116	D	

Explanation of Responses:

- 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 05/15/2015.

<u>Jacqueline Katzel FOR Andreas</u> <u>C. Kramvis</u>

** 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.