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Instr

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

1. Name and Address of Reporting Person*   2. Issuer Name and Ticker or Trading Symbol   5. Relationship of Reporting Person(s) to Issuer     SHINSEKIERICK   (Middle)   0   10% Owner     (Last)   (First)   (Middle)   3. Date of Earliest Transaction (Month/Day/Year)   0fficer (give title Other (specify below)   0fficer (give title Other (specify below)     101 COLUMBIA ROAD   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable)     MORRISTOWN NJ   07962   4. If Amendment, Date of Original Filed (Month/Day/Year)   7. Form filed by One Reporting Person     (City)   (State)   (Zip)   2. (State)   (Zip)   8. Form filed by One Reporting Person		or Section So(n) of the investment Company Act of 1940	
101 COLUMBIA ROAD   3. Date of Earliest Transaction (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable Line)     (Street)   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable Line)     MORRISTOWN NJ   07962   Form filed by One Reporting Person Form filed by More than One Reporting Person		HONEYWELL INTERNATIONAL INC [	(Check all applicable) X Director 10% Owner Officer (give title Other (specify
(Street)   MORRISTOWN NJ 07962   Image: Constraint of the street of the st			below) below)
	MORRISTOWN NJ 07962	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed by One Reporting Person Form filed by More than One Reporting

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities / Disposed Of (			Beneficially	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	Transaction(s) (Instr. 3 and 4)		(113(11-4)

#### 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		iration Date of Securities nth/Day/Year) Underlying		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				
Deferred Compensation (Phantom Shares)	(1)	10/17/2006		A <sup>(2)</sup>		16.416		(2)	(2)	Common Stock	16.416	\$42.64	9,729.882	D	

Explanation of Responses:

1. Instrument converts to common stock on a one-for-one basis.

2. Phantom Shares accrued under the Deferred Compensation Plan for Non-Employee Directors and will be settled in cash following retirement.

Jacqueline Whorms for Eric K. 10/18/2006

**Shinseki** 

\*\* 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.