FORM 4

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 | | | | | | |

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* Brown Adriane M | | | HO | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [HON] | | | | | | | | | k all applic Directo | tionship of Reporting Per all applicable) Director | | 10% Ov | vner | | |
|--|---|--|--|---|------------------------|---------------|---|---------------------|--|--------------------------------|--|---------------------------------|-------------------------|--|--|---|---------------------------------------|--------------------|---------|
| (Last) 101 COLUI | (First | , | liddle) | | 3. Dat 12/0 | | | ransa | action (Mont | h/Da | ıy/Year) | | | X | below) | (give title resident & | & CE | Other (s below) | specify |
| (Street) MORRISTO (City) | OWN NJ (State | | 7960 ip) | | 4. If A | men | dment, Da | ate of | Original Fil | ed (N | /lonth/Day | //Year) | | 6. Ind | Form fi | oint/Group F led by One I led by More | Repor | ting Person | · |
| | | Tab | le I - Noi | n-Deri | vative | Sec | curities | Ac | quired, D | isp | osed o | f, or Ber | nefic | ially (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | 4 and 5) Securitie | | s Formally Owned (D) (g) (I) (I | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code V Amount | | (A) c (D) | PI | Price Transacti (Instr. 3 a | | ion(s) | | | (111301.4) | | | | |
| 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 Dat if any (Month/Day/Yo | Date, | Transacti Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 at 4) | | ative | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V (A) (D) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Si | | | (Instr. 4) | (3) | | | |
| Supplemental Savings Plan Interests | (1) | 12/07/2007 | | | A ⁽²⁾ | | 23.335 | | (2) | | (2) | Common Stock | 23. | .335 | \$58.51 | 1,730.63 | 1 | D | |

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 12/07/2007.

Jacqueline Whorms FOR Adriane M. Brown

12/10/2007

** 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.