SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | 01000 | | vestment oon | | | | | |
|---|---------------|-------------------|-----------------------------|------------------|---|---|-----------------------------|-----------------|-------------------|
| 1. Name and Address of Reporting Person* <u>Kramvis Andreas</u> (Last) (Eirst) (Middle) | | | - | | ^{mbol} F <u>IONAL INC</u> [| 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% O X Officer (give title Other (below) below) | | | Owner (specify |
| (Last) (First) 101 COLUMBIA ROAD | (Middle) | 3. Date 01/24/ | of Earliest Transac 2014 | tion (Month/D | ay/Year) | | Pres/CEO H | oneywell PM | Г |
| (Street) | | 4. If Am | nendment, Date of 0 | Original Filed (| (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group | Filing (Check A | pplicable |
| MORRISTOWN NJ | 07960 | | | | | X | Form filed by One | 1 0 | |
| (City) (State) | (Zip) | | | | | | Form filed by Moi Person | re than One Rep | orting |
| | Table I - Nor | n-Derivative S | ecurities Acq | uired, Disp | oosed of, or Benefi | cially C | Dwned | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A) | or | 5. Amount of | 6. Ownership | 7. Nature of |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (I 5) | | | Securities | 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) | | (1130.4) | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (5-, 1 | | | | , | , | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|----------------------------------|--|
| 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) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Supplemental Savings Plan Interests | (1) | 01/24/2014 | | A ⁽²⁾ | | 11.477 | | (2) | (2) | Common Stock | 11.477 | \$88.47 | 5,333.338 | 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 01/24/2014.

| <u>Jeffrey N. Neuman FOR</u> |
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Andreas C. Kramvis

01/27/2014

** Signature of Reporting Person

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.