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

STATEMENT	OF CHANGE	S IN BENEFIC	CIAL OWNERS	SHIP

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

OMB APPROVAL								
OMB Number: 3235-0287								
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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KREINDLER PETER M				1									Director				10% Ov	/ner		
(Loot) (First) (Middle)				HUI	HON]									Officer (below)	give title		Other (specify below)			
(Last) (First) (Middle)				3. Da	3. Date of Earliest Transaction (Month/Day/Year)								Senior VP and GC							
HONEYWELL			02/2	02/20/2004																
101 COLUMBIA ROAD																				
-				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														'"	X	Form fil	ed by One	Reno	rting Persor	,
MORRIST	OWN N	IJ	07	7962											Λ		,	•	One Repor	
																Person	eu by Mon	e man	Опе керог	urig
(City)	(S	State	e) (Z	ip)		1														
			Tabl	e I - Non	-Deriv	ative	Sec	urities	Acq	uired,	Disi	posed of	, or Be	neficia	lly (Dwned				
1. Title of Security (Instr. 3) 2. Transac															Ť	5. Amoun	t of 6. Ownership		nership	7. Nature of
Date					Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4				d	Securities Beneficia	Form		Direct	Indirect Beneficial			
(Month/L				(Month/Day/Year)			Code (Instr. 5) 8)					Owned Fo		ollowing (i) (In		str. 4)	Ownership			
								0.4	.,		(A) or		\neg	Reported Transacti			- 1	(Instr. 4)		
						Code V Amount (A) or (D)				Price		(Instr. 3 and 4)								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				((e.g., p	uts, o	calls,	warra	nts,	option	s, c	onvertib	le secu	rities)						
1. Title of	2.		3. Transaction	3A. Deeme	ed	4.		5. Numb	oer			sable and	7. Title a	nd Amoui		. Price of	9. Numbe		10.	11. Nature
Derivative Security	Conversion or Exercise		Date (Month/Day/Year)	Execution if any		Transa Code (tr. Derivative Securities		Expiration Date of Securities (Month/Day/Year) Underlying Derivative Sec					Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of		(Month/Day/rear)	(Month/Da	y/Year)	8)								e Securit		(Instr. 5)	Beneficia		Direct (D)	Ownership
Derivative Security Acquired (Instr. 3 ar Disposed									(Instr. 3 a	ınd 4)	Owned or Indirect (Instr. 4) Following (I) (Instr. 4)									
											Reported		(., (
					of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)						
									\Box					Amour	t					
														or Numbe	,					
						Cade	l.,	[_m	اا	Date	<u>. </u>	Expiration	Tialo	of						
		+				Code	V	(A)	(D)	Exercisa	bie	Date	Title	Shares	_					-
Supplemental Savings Plan Interests	(1)		02/20/2004			A ⁽²⁾		34.159		(2)		(2)	Common Stock	34.15	9	\$35.58	6,953.8	325	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 2/20/04.

Gail E. Lehman for Peter M.

Kreindler

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.