FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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| 549 | OMB APPROVAL |
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OMB Number: 3235-0287 Estimated average burden

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| 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

| 1. Name and Address of Reporting Person* WRIGHT MICHAEL W | | | | | HO | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC HON] | | | | | | | | elationship o | able) | g Perso | 10% O | vner |
|--|--|--|---|------------------------------|---|--|---------------|------|---|--------|--------------------|---|---|---|---|-------------------------------|--|--|
| (Last) (First) (Middle) PO BOX 524 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2003 | | | | | | | | | below) | give title | | Other (s | вреспу |
| (Street) MINEAPOLIS MN 55440-0524 (City) (State) (Zip) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State | | | -Deriv | ative | Sec | urities | Acq | uired, | Dis | oosed of | , or Ben | eficially | Owned | | | | |
| Date | | | | 2. Trans Date (Month/I | | any | ecution Date, | | 3. Transaction Code (Instr. 8) | | | | 5. Amoun Securities Beneficia Owned Fo | i Ily | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction (Instr. 3 and | on(s) | | | (Instr. 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. Transaction Code (Instr 8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e Ces Fally Ces G | 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 | 09/19/2003 | | | A ⁽¹⁾ | | 89.381 | | 01/01/20 | 012 | 08/08/1988 | Common Stock | 89.381 | \$27.97 | 13,901, | 912 | D | |

Explanation of Responses:

1. Phantom shares accrued under the Deferred Compensation Plan for Non-Employee Directors and will be settled in cash on 1/1/2012.

Gail E. Lehman for MICHAEL W. WRIGHT

09/23/2003

** 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.