FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

| 1. Name and Address of Reporting Person* Kramvis Andreas (Last) (First) (Middle) 101 COLUMBIA ROAD | | | | | | Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [HON] 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2009 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) President & CEO, SM Individual or Joint/Group Filing (Check Applicable | | | | |
|--|---|--|---|--|---|---|--------|---------------|--|---------------------------------|--------------------|---|--|--|--|---|--|---|
| (Street) MORRISTOWN NJ 07960 | | | | | 4.117 | ৰ. ii Ameriament, Date of Original Filed (Mohtili/Day/Teat) | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | <u> </u> | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ur) E | any | ecution Date, | | 3. 4. Securitie Disposed (5) 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 an | | 5. Amour Securitie Beneficia Owned F Reported | s illy ollowing | 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 | Transact (Instr. 3 a | ion(s) | | | msu. 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) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Supplemental Savings Plan Interests | (1) | 03/13/2009 | | | A ⁽²⁾ | | 34.848 | | (2) | | (2) | Common Stock | 34.848 | \$26.93 | 2,827.7 | '69 | 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 03/13/2009.

<u>Jacqueline Whorms FOR</u> <u>Andreas Kramvis</u> <u>03/16/2009</u>

** 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.