FORM 4

UNITED STATES SECU

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ΚI	HES	AND	EXCH	ANGE	COMMIS	SSION
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-	OMB APPROVAL									
	OMB Number:	3235-0287								
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0.5

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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)
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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 Check this box to indicate that a crieck this both of indicate that the account of the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Traic 1000	. (0). 00000																			
1. Name and Address of Reporting Person* ANGOVE DUNCAN						2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [-]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					1	01 (1	77 ((122		, I LJI LI	11.11	101111	1110	,	1	Director			10% Owr	ner	
														-	Officer (g	ive title		Other (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							1	below) below)						
855 S. MINT STREET					04/	04/01/2025														
(Street)					4. If	f Ame	ndment, Da	te of	Original F	iled (Month/Day/	Year)		6. Indiv	idual or Joir	ıt/Group I	Filing (C	Check Applic	able Line)	
CHARLOTTE NC 28202			8202						•	,	•	,		Form filed by One Reporting Person						
					.									_	Form filed	by More	than C	ne Reportin	g Person	
(City)	(Sta	ite) (2	Zip)																	
		Ta	ble I - Nor	n-Deri	vativ	/e Se	ecurities	Acc	uired,	Dis	posed of	, or Ber	nefic	cially C	wned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				n/Day/Year) if		2A. Deemed Execution Date if any (Month/Day/Yea	Date,	Transaction Disposed Code (Instr.			ies Acquired (A) or Of (D) (Instr. 3, 4 and 5			Beneficially Following		6. Owr Form: (D) or (I) (Ins	Direct Indirect B tr. 4) C	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	r _F	Price	Reported Transaction(s) (Instr. 3 and 4)		<u> </u>		nstr. 4)		
			Table II -				urities A ls, warra	•	,	•	,			•	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		lerlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		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	Nur	ount or mber of ares		Transact (Instr. 4)				
Deferred Compensation (Phantom Shares)	(1)	04/01/2025			A ⁽²⁾		163.9727		(2)		(2)	Common Stock	16	3.9727	\$213.45	7,825.9	9267	D		

Explanation of Responses:

- 1. Deferred Compensation (Phantom Shares) are allocated based on the price of Common Stock on the contribution date by dividing the dollar amount of the contribution by the price per share of Common Stock Common Stock prices are based on the mean of the highest and lowest sales price on the last trading day before the contribution or settlement. Phantom Shares are settled in cash based on the price of Common Stock at settlement.
- 2. Phantom shares are accrued under the Deferred Compensation Plan for Non-Employee Directors and will be settled in cash based on elections by the Reporting Person as permitted under the Plan.

Remarks:

Su Ping Lu for Duncan Angove

04/03/2025

** 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.