## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomanas:	0.5								

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for 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.

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

Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hammoud Billal					HONEYWELL INTERNATIONAL INC [ -							Directo	or	10% Owner Other (specify		I .		
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)						_	Officer (give title below)  President & CEO, BA						
855 S. MINT STREET				C	02/19/2025								Trestucit & CEO, DA					
(Street)				4	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
CHARLOTTE NC 28202													Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)										Person					
		Tab	le I - Non-D	erivati	ve Se	curities	s Ac	quired, D	ispos	sed o	f, or Be	neficia	lly Owned	ı				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				te	Execution Date,		, Transaction Disp Code (Instr. 5)		sposed	curities Acquired (A) osed Of (D) (Instr. 3, 4		Benefici Owned F	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code V	An	nount	(A) or (D) Pri		Transac	Reported Transaction(s) (Instr. 3 and 4)			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/Yea	Code	saction (Instr.			6. Date Exer Expiration D (Month/Day/	ate	and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares						
Employee Stock Options (right to buy)	\$209.81	02/19/2025		A		11,100		(1)	02/18	3/2035	Common Stock	11,100	\$0	11,10	0	D		
Restricted Stock Units	(2)	02/19/2025		A		2,300		(3)	(:	3)	Common Stock	2,300	\$0	2,300	)	D		

## **Explanation of Responses:**

- 1. The Employee Stock Options were granted under the 2016 Stock Incentive Plan of Honeywell International Inc. and its Affiliates and vest in four equal annual installments, with the first installment vesting on 2/19/2026
- 2. Instrument converts to common stock on a one-for-one basis.
- 3. The Restricted Stock Units were granted under the 2016 Stock Incentive Plan of Honeywell International Inc. and its Affiliates and will vest 33%, 33% and 34% on each of February 19, 2027, February 19, 2028 and February 19, 2029, respectively.

## Remarks:

Su Ping Lu for Billal Hammoud

\*\* Signature of Reporting Person

02/21/2025

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.