## Edgar Filing: Warren Kevin M - Form 4

Warman Karin M

Form 4 October 28, 2												
FORM										OMB AF	PPROVAL	
	UNITE	D STATES				ND EX( D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31, 2005Estimated averageburden hours per response0.5		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the		tility Ho	old	ing Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Warren Kevin M			2. Issuer Name <b>and</b> Ticker or Trading Symbol ILLINOIS TOOL WORKS INC					-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(Last) (First) (Middle) 3. Date of (Month/E XEROX CORPORATION, 100 CLINTON AVENUE SOUTH					ansaction			_X_ Director 10% Owner Officer (give title Other (specify below) below)			
				4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
ROCHESTI	ER, NY 14604								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	Code (Instr. 8	3)	4. Securit n(A) or Di (Instr. 3, -	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	10/26/2011			A <u>(1)</u>		328	А	\$ 46.28	3,852	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Warren Kevin M - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	(2)				(2)	(2)	Common Stock	1,033	

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
Warren Kevin M XEROX CORPORATION 100 CLINTON AVENUE SOUTH ROCHESTER, NY 14604	Х						
Signatures							
Kevin M. Warren by James H. Woo Secretary, Attorney-in-Fact POA on		enior Vice P	resident,	t, General Counsel & 10/28/2011			
**Signature of Reporting Person Date							
Evaluation of Door		<b>.</b> .					

## **Explanation of Responses:**

- \* 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).
- (1) Shares of common stock acquired pursuant to the Illinois Tool Works Inc. 2011 Long-Term Incentive Plan of the issuer for quarterly director fees.

Represents units of phantom stock under the Phantom Stock Plan for non-employee directors as of October 26, 2011. Each unit is equal in (2) value to one share of common stock. The units are not transferable and have no voting rights. Additional units are credited in amounts

equivalent to cash dividends paid on the common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.