## Edgar Filing: ILLINOIS TOOL WORKS INC - Form 4

ILLINOIS TOOL WORKS INC Form 4 August 19, 2008 <b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type Res	ponses)											
1. Name and Address of Reporting Person <u>*</u> SMITH HAROLD B								Relationship of Reporting Person(s) to suer (Check all applicable)				
(Last)	(First) (	(Middle)		nth/Dav/Year) –				_X_ Director 10% Owner Officer (give title Other (specify				
3600 W. LAKE AVENUE			08/18/2008					below)	below)			
				Filed(Month/Day/Year) Ar					Individual or Joint/Group Filing(Check pplicable Line) {_ Form filed by One Reporting Person _ Form filed by More than One Reporting			
(City)	(State)	(Zip)						Person		_		
							_	ired, Disposed of,				
	Fransaction Date	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securitie orDisposed o (Instr. 3, 4 a Amount	f (D)		or 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock								1,199	D			
Common	/18/2008			S	240,000	D	\$ 48.802: (1)	5 13,457,288	Ι	$\frac{\text{Trusts } (2)}{(3)} (4)$		

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.

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

**Relationships Reporting Owner Name / Address** Director 10% Owner Officer Other SMITH HAROLD B 3600 W. LAKE AVENUE Х GLENVIEW, IL 60026 Signatures Harold B. Smith by James H. Wooten, Jr. Senior Vice President, General Counsel & Secretary, Attorney-In-Fact POA on File 08/19/2008

\*\*Signature of Reporting Person

## **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).

This transaction was executed in multiple trades at prices ranging from \$48.5650 to \$49.3750. The price reported above reflects the (1) weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, Illinois Tool Works Inc. or

a shareholder of Illinois Tool Works Inc. full information regarding the number of shares and prices at which the tranaction was effected.

- (2) 772,556 shares held in a revocable trust created by me.
- (3) 12,194,652 shares held in various trusts of which I am a co-trustee and have a direct beneficial interest.
- (4) 490,080 shares held in a trust of which I am a co-trustee and have a contingent beneficial interest.

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.

Date