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

ILLINOIS TO Form 4 May 06, 2014	OOL WORKS IN 4	С								
FORM	1							OMB AF	PROVAL	
<b>Washington, D.C. 20549</b>						COMMISSION	OMB Number:	3235-0287		
Check thi if no long	er							Expires:	January 31, 2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEF					[CIA	L OWI	NERSHIP OF	Estimated average burden hours per		
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1							response 0.5		
obligation may conti <i>See</i> Instru 1(b).	s Section 17(a	) of the Publ		ling Con	ipany	y Act of	1935 or Section	1		
(Print or Type R	esponses)									
GRIFFITH JAMES W Symbol			INOIS TOOL			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			ate of Earliest Tr onth/Day/Year) 02/2014	ransaction			_X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street) 4. If Ame			Amendment. Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check			
GLENVIEW	d(Month/Day/Year	-			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (	Zip)	Table I - Non-D	Derivative	Secur	ities Aca	uired, Disposed of	. or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any	3. e, if Transactio Code Year) (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ties A spose	cquired d of (D) 5) Price	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	
Common Stock	05/02/2014		A <u>(1)</u>	1,404	А	\$ 85.43	6,861	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	i	ate	7. Title and A Underlying S (Instr. 3 and	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	1,055	

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

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips			
reporting officer (unit) (rear cos	Director	10% Owner	Officer	Other		
GRIFFITH JAMES W 3600 WEST LAKE AVENUE GLENVIEW, IL 60026-1215	Х					
Signatures						
James W. Griffith, by Maria C. Green, Sr. VP, General Counsel & Secretary,05/06/2014Attorney-in-Fact POA on file.05/06/2014						
**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).
- (1) Represents shares of common stock acquired pursuant to the Illinois Tool Works Inc. 2011 Long-Term Incentive Plan representing a stock grant.

Represents units of phantom stock as of May 2, 2014 under the Phantom Stock Plan for non-employee directors. 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 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.