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

ILLINOIS TO Form 4 May 06, 2014	OOL WORKS IN	IC									
FORM	Δ								OMB AF	PROVAL	
	UNITED	STATES S	ES SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287	
Check this if no long		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:	January 31, 2005	
subject to Section 16	SIAIEM								Estimated average burden hours per		
Form 4 or Form 5	Form 4 or								response	. 0.5	
obligation	·						•	e Act of 1934,			
may conti	nue. Section 17(2			vestment	•	· ·		1935 or Section	1		
<i>See</i> Instru 1(b).	ction	50(11) 0		vestment v	Compan	y At	1 01 194	0			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person *2. IssuSKINNER JAMES ASymbol				suer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			ILLINOIS TOOL WORKS INC [ITW]								
(Last)	(First) (Middle) 3. Date of			f Earliest Transaction Day/Year)				XDirector10% Owner Officer (give titleOther (specify			
ILLINOIS T WEST LAK	OOL WORKS, 3 E AVE.		05/02/20	-				below)	below)		
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check			
			nth/Day/Year)				Applicable Line)				
GLENVIEW, IL 60026				_X_ Form filed by One Reporting Form filed by More than One Person							
(City)	(State)	(Zip)	Table	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/02/2014			A <u>(1)</u>	1,857	А	\$ 85.43	35,509 <u>(2)</u>	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. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	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	<u>(3)</u>				(3)	(3)	Common Stock	2,465	

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips					
Reporting O wher I tunie / I turiess	Director	10% Owner	Officer	Other				
SKINNER JAMES A ILLINOIS TOOL WORKS 3600 WEST LAKE AVE. GLENVIEW, IL 60026	Х							
Signatures								
James A. Skinner by Maria C. Green, Senior Vice President, General Counsel & Secretary, Attorney-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) Shares of common stock acquired pursuant to the 2011 Long Term Incentive Plan representing quarterly director fees and stock grant.
- (2) Includes 23,152 shares of deferred stock under the ITW Directors' Deferred Fee Plan as of May 2, 2014.
- Represents units of phantom stock under the Phantom Stock Plan for non-employee directors as of May 2, 2014. Each unit is equal in(3) 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.

Date