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if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	2015 M 4 UNITED this box nger to 16. or states Filed pu Section 170	MENT O rsuant to S (a) of the 1	Wa F CHA Section Public U	ashingto NGES II SECU 16(a) of Utility Ho	n, D.C. 2 N BENEI VRITIES the Secur	0549 FICL ities	AL OW Exchang 1y Act o	COMMISSIO NERSHIP OI ge Act of 1934, f 1935 or Secti 40	N OMB Number Expires Estimat burden respons	January 31, 2005 ed average hours per		
(Print or Type	e Responses)											
Connor Frank T Sy				2. Issuer Name and Ticker or Trading Symbol FEXTRON INC [TXT]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)				
				(Month/Day/Year) 03/01/2015				Director 10% Owner X Officer (give title Other (specify below) below) Executive VP and CFO				
				mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	e Secu	rities Ac	quired, Disposed	of. or Benef	icially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) I)		
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	03/01/2015			А	18,238	А	\$0	117,122	D			
Common Stock	03/01/2015			F	5,294	D	\$ 44.31	111,828	D			
Common Stock	03/01/2015			М	6,225	А	\$ 0	118,053	D			
Common Stock	03/01/2015			D	6,225	D	\$ 44.31	111,828	D			
Common Stock								3,102.495	Ι	Held on behalf of the Reporting		

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Person by the Textron Savings Plan (as of 02/27/2015).

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Numbe Derivative Securities Acquired Disposed (Instr. 3, 4	e (A) or of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of S
Employee Stock Option (Right to Buy)	\$ 44.31	03/01/2015		A	56,705		<u>(1)</u>	02/28/2025	Common Stock	56
Cash-Settled Restricted Stock Units	\$ 0 <u>(3)</u>	03/01/2015		М		6,225	(4)	(4)	Common Stock	6.

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Connor Frank T TEXTRON INC. 40 WESTMINSTER STREET PROVIDENCE, RI 02903			Executive VP and CFO				
Signatures							
/s/ Ann T. Willaman, Attorney-in-Fact							
**Signature of Reporting Person		Date					

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) The option vests in three (3) equal annual installments, beginning on March 1, 2016.
- (2) Issued pursuant to the Textron 2007 Long-Term Incentive Plan.
- (3) Each cash-settled restricted stock unit is valued upon vesting based upon the value of one (1) share of Textron Inc. Common Stock.
- (4) Payable in cash in five (5) equal annual installments, beginning on March 1, 2011.

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.