#### Edgar Filing: TEXTRON INC - Form 4

Form 4 February 02													
FORM	ЛД										MB A	PPROVA	۱L
UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549						COMMISSIO	N OMB Numb	ber:	3235-	0287			
Check t if no lor subject Section Form 4	to <b>STATEN</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Expires: January 31 200 Estimated average burden hours per response 0.4		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility H 30(h) of the Investme						ding Co	mpai	ny Act c	of 1935 or Secti				
(Print or Type	Responses)												
			2. Issuer Name <b>and</b> Ticker or Trading Symbol TEXTRON INC [TXT]						5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction						(Check all applicable)				
TEXTRON WESTMIN	N INC., 40 NSTER STREET		(Month/) 02/01/2	-	ar)				Director X Officer (gi below) EVP, Ge	ve title belo neral Cour	Oth		
PROVIDE	(Street) NCE, RI 02903		4. If Am Filed(Mo			ate Origin r)	al		6. Individual or Applicable Line) _X_ Form filed by Form filed by Person	y One Repo	rting Po	erson	
(City)	(State)	(Zip)	Tab	ole I - N	on-]	Derivativ	e Secu	ırities Ac	quired, Disposed	of. or Ben	eficia	llv Owned	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	ed Date, if	3. Transa Code (Instr.	actic 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties A spose 4 and (A) or	cquired d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownershi Form: Direct (D or Indirec (I) (Instr. 4)	7 ip Ii E	. Nature o ndirect Beneficial Ownership Instr. 4)	of
Common Stock	02/01/2017			F		3,316	D	\$ 47.09	70,050	D			
Common Stock									2,501.259	I	tt F F tt S (	Shares he on behalf he Reporting Person by he Textr Savings I as of 02/01/20	f of g y on Plan

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									<b>.</b> .		
									Amount		
						Date	Expiration	<b>T</b> . 1	or		
						Exercisable	Date	Title	Number		
					$(\mathbf{A})$ $(\mathbf{D})$				of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Lupone E Robert			EVP,						
TEXTRON INC.			General						
<b>40 WESTMINSTER STREET</b>			Counsel and						
PROVIDENCE, RI 02903			Secy						
Cianaturaa									

#### Signatures

/s/ Ann T. Willaman, Attorney-in-Fact

\*\*Signature of Reporting Person

02/02/2017

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).

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.