## Edgar Filing: TEXTRON INC - Form 4

Form 4 July 05, 2017												
FORM	4								PPROVAL			
-	UNITED S	TATES SECUR Was	RITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287			
Check this if no longer	-							Expires:	January 31,			
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5			
Form 5 obligations may contin <i>See</i> Instruct 1(b).	ue. Section 17(a)	ge Act of 1934, if 1935 or Sectio 40	n									
(Print or Type Re	sponses)											
1. Name and Add James Debora	Symbol	Name and		radin	g	5. Relationship of Reporting Person(s) to Issuer						
		ON INC				(Check all applicable)						
(Last)	(First) (Mi	iddle) 3. Date of (Month/D	f Earliest Tra Dav/Year)	ansaction			_X_ Director	109	% Owner			
2189 HARITI	HY DRIVE		07/01/2017					Officer (give title Delow) Other (specify below)				
DUNN LORI	(Street) NG, VA 22027		ndment, Dat hth/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) (Z	Zip) Tabl	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned			
	Month/Day/Year) Executive Instr. 3) any					r )	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	07/01/2017		Code V A	Amount 2,000	or (D) A	Price \$ 0	(Instr. 3 and 4) 2,000	D				
Reminder: Repor	t on a separate line f	or each class of secu	rities benefi	cially own	ed dire	ectly or	indirectly.					
Ĩ	ľ			Person informa require	s wh ation d to i 's a c	o resp conta respor	oond to the collec ined in this form nd unless the forn ly valid OMB con	are not n	SEC 1474 (9-02)			
	Table	II - Derivative Secu (e.g., puts, calls										
1. Title of 2. Derivative Cor		ction Date 3A. Deer ay/Year) Executio		4. Transactio	5. rNum		. Date Exercisable a xpiration Date	nd 7. Title a				

9. Nu

Deriv

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Security or Exercise (Instr. 3) Price of Derivative Security			any (Month/Day/Year)		Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		s I	Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr	
				Code V	V (A	λ) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners												
Reporting	Owner Name / Address	Relationships										
1 0		Director	10% Owner	Officer (	Other							
	borah L RITHY DRIVE ORING, VA 22027	Х										

## **Signatures**

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

07/05/2017

Date

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).

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.