Edgar Filing: Katz Robert L - Form 4

Katz Rober Form 4	t L										
July 03, 201											
FORM	$\mathbf{\Lambda}$ 4 UNITED	STATES	SECU	RITIFS	AND FY	CHANGE	COMMISSIO	NT.	PPROVAL		
		STATES		ashington				Number:	3235-0287		
Check t if no lor	laer							Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFICIAL OWNE Section 16. Form 4 or								Estimated burden hoi response	average urs per		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, of 1935 or Secti 940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Katz Robert L			Symbol	er Name an oll-Rand p		r Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	C	of Earliest 7	. – –		(Check all applicable)				
C/O INGERSOLL-RAND COMPANY, 800-E BEATY			(Month/Day/Year) 06/29/2012				Director 10% Owner X Officer (give title Other (specify below) below)				
STREET							Sen	ior Vice Preside	nt		
				endment, D onth/Day/Yea	-	al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
DAVIDSO	N, NC 28036						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or l of (D) 4 and 5) (A) or	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 Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	of Underlying	Derivati

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Instr. 8)		tive ties ed ed 3, 4,	(Month/Day/Year)		Securities (Instr. 3 and 4)		Security (Instr. 5)
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0	06/29/2012		А		3.94 (1)		(2)	(2)	Ordinary Shares	3.94	\$ 42.1

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Katz Robert L C/O INGERSOLL-RAND COMPANY 800-E BEATY STREET DAVIDSON, NC 28036			Senior Vice President					
Signatures								
/s/ S. Wade Sheek - Attorney-in-Fact	07/03/2	2012						

**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) Reflects acquisition of dividend equivalents paid on Company stock held through Company plans. Dividend equivalents are paid at the same rate and at the same time as dividends are paid to Company shareholders.
- (2) These Phantom Stock Units are to be settled in cash equal to the fair market value of ordinary shares multiplied by the number of phantom stock units held upon the reporting person's termination of employment with the issuer.
- (3) Amount represents an approximate number of shares based on the total market value of the reporting person's Company stock fund units, as reported by the trustee of the Company supplemental compensation plans.

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.