FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Tilligton, D.C. 20349 | OMB APPROVAL |
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| | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or | r Secti | ion 30(h) o | f the I | nvestment | Cor | npany Act c | of 1940 | | | | | | |
|---|---|--|---|---|---|---|-------------|---|--|------------------|----------------------|---|---|---|--|------------------------------------|--|---|
| 1. Name and Address of Reporting Person* Marks Judith Fran | | | | | 2. Issuer Name and Ticker or Trading Symbol UNITED TECHNOLOGIES CORP /DE/ UTX 1 | | | | | | | | | 5. Relationship of Reporting P (Check all applicable) Director • Officer (give title | | | 10% Owi | ner |
| (Last) (First) (Middle) 10 FARM SPRINGS ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2019 | | | | | | | | | below) | | e title Other (sp below) President, Otis | | еспу | |
| (Street) FARMINGTON CT 06032 | | | | 4. If | 4. If Amendment, Date of Original Filed (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) | (51 | | zip) ole I - Non | ı-Deriv | /ativ | e Se | curities | Acc | quired, I | Dis | posed of | f, or Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | n/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Transaction Disposed Of Code (Instr.) 8) | | | | | Beneficial Owned Fo | ly (I | Form: | Direct Ir Indirect B str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 ar | n(s) d 4) | | | Instr. 4) | |
| | | | Table II - I (| | | | | | | | osed of, onvertib | | | Owned | | | | |
| 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) | ate, T | 4. Transaction Code (Instr. r) 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Appreciation Right | \$120.77 | 02/05/2019 | | | A | | 101,500 | | 02/05/202 | 2 | 02/04/2029 | Common Stock | 101,500 | \$120.77 | 101,50 | 00 ⁽¹⁾ | D | |

Explanation of Responses:

1. The reporting person was also awarded 18,300 performance share units (PSUs) under the UTC Long-Term Incentive Plan. Each PSU has a value equal to one share of UTC Common Stock. These PSUs vest solely upon achievement of pre-established performance targets for UTC's return on invested capital, earnings per share growth and total shareholder return relative to the S&P 500 index over a three-year time period.

/s/ Ariel R. David as Attorney-

in-Fact

** Signature of Reporting Person

Date

02/07/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

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 Number.