FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Ortberg Robert Kelly	3. Issuer Name and Ticker or Trading Symbol <u>UNITED TECHNOLOGIES CORP /DE/</u> [UTX]							
(Last) (First) (Middle) 10 FARM SPRINGS ROAD		Relationship of Reporting Po (Check all applicable) Director	erson(s) to Issuer 10% Owner	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street)		X Officer (give title below) CEO, Collins Aeros	Other (specify below)	Applicable Line)	nt/Group Filing (Check			
FARMINGTON CT 06032		CEO, Connis Aero.	space Systems		by More than One			
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Form: Direct (D) (Instr. 5) or Indirect (I)					
Common Stock		314	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Yea			Underlying Derivative Security (Instr. 4) Conve		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exp	iration e Title	Amount or Number of Shares	ative or Indirect				

Explanation of Responses:

/s/ Ariel R. David as Attorneyin-Fact 11/28/2018

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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.