Edgar Filing: ILLINOIS TOOL WORKS INC - Form 4

ILLINOIS TOOL Form 4 June 21, 2006	. WORKS IN	С									
FORM 4									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer CTATENTENTE OF CHANCES IN DENIFFICIAL OWNERSHIP OF						Expires:	January 31, 2005				
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average				
Section 16. Form 4 or								burden hour response	rs per 0.5		
Form 5	Filed purs	uant to Sec	ction 16	(a) of the	e Securit	ies E	xchange	e Act of 1934,		0.0	
obligations may continue. <i>See</i> Instruction 1(b).				lity Hold estment (•	· ·		1935 or Sectior 0	I		
(Print or Type Respondence)	nses)										
MORRISON ROBERT S Symbol			ymbol LLINOI	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Mi	-	-	Earliest Tra	insaction			X Director		Owner	
(Month/Da 120 PARK AVE 06/19/20			-				Officer (give t below)	tle Othe below)	r (specify		
(Street) 4. If Amer			If Amen	ndment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mon NEW YORK, NY 10017				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) ((State) (Z	Zip)	Tabla	I - Non-De	orivotivo (Socur	ities Aca	uirad Disposed of	or Bonoficial	v Owned	
1.Title of 2. T	•	Execution D any	· · · · · · · · · · · · · · · · · · ·			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial			
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
$\frac{\text{Common}}{\text{Stock } (2) (3)} 06/$	/19/2006			А	168	A	\$ 47.43	5,487	D		

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secu (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	\$ O	08/08/1998	А	0	08/08/1988	08/08/1988	Common Stock	0	\$

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Reporting Owners

Reporting Owner Name / Addres		Relationsh	ips		
http://mg o wher i where i have ess	Director	10% Owner	Officer	Other	
MORRISON ROBERT S 120 PARK AVE NEW YORK, NY 10017	Х				
Signatures					
Robert S. Morrison by James H	06/21/2006				

Attorney-In-Fact P.O.A. on File

**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).

Represents units of phantom stock under the Phantom Stock Plan for non-officer directors as of December 31, 2005. Each Unit is equal in

- (1) value to one share of common stock. The units are not transferable and have no voting rights. Additional Units are credited in amounts equivalent to cash dividends paid on the common stock.
- (2) Includes grant of 900 shares of restricted stock that vested as follows: 450 Shares 1/3/2005 and 450 Shares 1/2/2006.
- (3) Includes deferred stock under the ITW Non-Officers Directors Fee Conversion Plan.

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.

Date