ILLINOIS TOOL WORKS INC

Form 4 April 25, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction

obligations

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SMITH HAROLD B

(First)

(State)

2. Issuer Name and Ticker or Trading

Issuer

Symbol

ILLINOIS TOOL WORKS INC

(Check all applicable)

5. Relationship of Reporting Person(s) to

[ITW]

(Last)

(City)

3. Date of Earliest Transaction

_X__ Director Officer (give title

10% Owner

(Month/Day/Year)

(Zip)

(Middle)

04/21/2006

Other (specify

C/O ILLINOIS TOOL WORKS INC, 3600 W. LAKE AVENUE

> (Street) 4. If Amendment, Date Original

> > Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

GLENVIEW, IL 60026-1215

(City)	(State)	Tal	-Derivativ	ed, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) or TransactiorDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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)	
Common Stock (1) (2) (3)	04/21/2006		Code V S	Amount 65,000	(D)	Price \$ 102.4836		I	See Footnote (1) (2) (3)
Common Stock (4)	08/08/1998		A	0	A	\$ 0	900	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date Exercisable	Expiration Date	or Title Numb			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

SMITH HAROLD B C/O ILLINOIS TOOL WORKS INC 3600 W. LAKE AVENUE GLENVIEW, IL 60026-1215

X

Signatures

Harold B. Smith by James H. Wooten, Jr. V.P., Gen. Counsel & Secretary Attorney-In-Fact POA on File

04/25/2006

**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) 453,795 shares held in a revocable trust created by me.
- (2) 7,589,427 shares held in a trust of which I am a co-trustee and have a direct beneficial interest.
- (3) 330,580 shares held in a trust of which I am a co-trustee and have a contingent beneficial interest.
- (4) Grant of 900 shares of restricted stock that vested as follows: 450 shares on 1/3/2005 and 450 shares on 1/3/2006.

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.

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