FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. | 20548 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

| | OMB APPROVAL | | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average b | ourden | | | | | | | | | |
| - | haura nar raananaa | 0.5 | | | | | | | | | |

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* CRUM SCOTT A | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT INDUSTRIES INC [ITT] | | | | | | | | | Check | all app | licable) | | Issuer Owner r (specify | |
|---|-------|---------|-----------------------------------|-----------------|---|--|---------|--|--------|--------|---|-------|-----------------------|---|--|---|--|-------------------------------|--|
| (Last) (First) (Middle) 4 WEST RED OAK LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005 | | | | | | | | | X | belov | v) `` | belov ce President | | |
| (Street) WHITE PLAINS NY 10604 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | | ies Acquired (A) of (D) (Instr. 3, 4 | | | and 5) Secui | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | | Transa | action(s) 3 and 4) | | (, | |
| Common | Stock | | | 11/01 | /2005 | 2005 | | S | | 2,129 | 1 | D | \$100.9 | | 0.92 6,790.1942(1) | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/ | | n Date, | Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) o Disport of (D | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numboof Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Mr. Crum owns 3,500 shares of restricted stock awarded October 28, 2002. Mr. Crum also owns 219.1942 shares in the Dividend Reinvestment Plan as of 10/28/2005 and 3,071 shares directly. Mr. Crum also owns 316.3750 shares acquired under the ITT Industries Investment and Savings Plan reflecting accumulations through 10/28/2005. These shares are held indirectly in a trust.

Remarks:

/s/Kathleen S. Stolar, Secretary of ITT Industries, Inc. by 11/02/2005 power of attorney granted by Scott A. Crum

** 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 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.