FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STATE |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* Creamer Victoria L | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT Corp [ITT] | | | | | | | | | ck all appli Directo | or | | 10% Ow | /ner | |
|---|---|--|--|---------|------------------------------|---|---------|--------------------------------------|--|----------|---|---|----------------|--|---|--|-------------------------------------|--|---------------------------------------|--|
| (Last) C/O ITT 1133 WE | , | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015 | | | | | | | | | X Officer (give title Other (specify below) SVP Human Resources | | | | | |
| (Street) WHITE PLAINS | N | Y | 10604 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | | (Zip) | | | | | - 4 - | | D:- | | D | | £: - : - !!- | . 0 | | | | | |
| | | Tab | le I - Nor | 1-Deriv | vative | Se | curitie | S AC | quirea, | DIS | posea c | or, or B | ene | ficially | Owned | 1 | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Dis Code (Instr. 5) | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, | | | 5. Amou Securitie Benefici Owned F Reporte | es ally Following | Form (D) o | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (III3U. 4) | |
| Common Stock 02/25/2 | | | | 5/2015 | 2015 | | | A | | 4,610 | 10 ⁽¹⁾ A \$ | | \$0.00 | 4,610 | | | D | | | |
| | | T | able II - | | | | | | uired, D , option | | | | | | 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 D if any (Month/Day/ | Date, | 4. Transa Code (8) | | of | | 6. Date Exe Expiration (Month/Da | Date | | nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or Nu of | ımber | | | | | | |
| Employee Stock Option (Right to | \$41.52 | 02/25/2015 | | | A | | 7,640 | | 02/25/2018 | 3 0 | 2/25/2025 | Commor Stock | 7, | ,640 | \$0.00 | 7,640 | | D | | |

Explanation of Responses:

1. Reflects an award of restricted stock units (2,500 pursuant to an employment agreement and 2,110 pursuant to an annual grant), all of which are scheduled to vest on February 25, 2018.

Remarks:

/s/ Lori B. Marino, Secretary of ITT Corporation, by power of attorney for Victoria L.

02/27/2015

Creamer

** 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.