FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Batliwala Farrokh (Last) (First) (Middle) C/O ITT INC. 1133 WESTCHESTER AVENUE | | | | | 3. D 02/ | Issuer Name and Ticker or Trading Symbol ITT Inc. [ITT] Date of Earliest Transaction (Month/Day/Year) 02/26/2018 | | | | | | | | | 5. Relationship of Reporting Per (Check all applicable) Director X Officer (give title below) See Remai | | | | 10% C Other below) | Owner (specify |
|--|--|--|--|---------------------------|-------------|---|--|---------------------|------------------------------------|---|--------|--|-------------------------|--|--|---|---|-----------------------------|--|--|
| (Street) WHITE PLAINS (City) | TE NY 10604 | | | | | 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 | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | ties Acquired (A) o | | and Securiti Benefic Owned Reporte | | ties cially I Following ted | Form | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | ٧ | Amount | _ | (A) or (D) | Price | | | action(s) 3 and 4) | | | |
| Common Stock 02/26/ | | | | 5/2018 | 2018 | | | A | | 4,130(1) | | A | \$0 | .00 | 17,540 | | | D | | |
| Common Stock | | | | | | | | | | | | | 452.1556 ⁽²⁾ | | | I | By 401(k) plan | | | |
| | 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) | 3A. Deem Execution if any (Month/Da | Date, Transac Code (Ir | | Instr. | or of of or. Of or. Of or. Of or. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | n Date | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Or Fo Di Or (I) | 0. wwnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Reflects an award of restricted stock units, all of which are scheduled to vest on February 26, 2021.
- 2. As of February 26, 2018.

SVP and President, Connect and Control Technologies

/s/ Lori B. Marino, Secretary of ITT Inc., by Power of Attorney 02/28/2018 for Farrokh Batliwala

** 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.