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(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* Berryman Kevin C | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT INC. [ITT] | | | | | | | | | ationship k all app Direc | on(s) to Is | | | | |
|--|---|---------|-----------|---|---|---|--------|--|---------------------|--|--------------------|---|---|--|--|---|--|--------------------|---------|
| (Last) | (Fi | rst) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2023 | | | | | | | | | Office below | r (give title | | Other (s below) | specify |
| C/O ITT INC. 100 WASHINGTON BLVD., 6TH FL | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) STAMFORD CT 06902 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See I | | | | | | | | to a contr Instruction | act, instru n 10. | uction or writt | en plan t | hat is inter | nded to | |
| | | Table | I - Non-E | Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if an | | Deemed cution Date, ny nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amo Securit Benefic Owned Report | ies cially Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common Stock 10/03/2 | | | | | ′2023 | | | | A | | 974(1) | A | | \$0.00 | | 974 | | | |
| 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di or (I) | o. wnership orm: irect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amo or Num of Share | ber | | | | | |

Explanation of Responses:

1. Reflects an award of restricted stock units, all of which are scheduled to vest on the business day immediately prior to the ITT Inc. 2024 Annual Meeting of Shareholders.

Remarks:

/s/ Tymour Okasha, Assistant Secretary for ITT Inc.; by Power of Attorney for Kevin

10/05/2023

C. Berryman

** 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.