FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average h | nurden | | | | | | | | | |

0.5

hours per response:

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

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* Chicles Aris C | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT Corp [ITT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O ITT CORP, 1133 WESTCHESTER AVE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2016 | | | | | | | | | r (give title | | Other (s below) | · |
| (Street) WHITE PLAINS 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 | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | /ative | e Se | curities | s Ac | quired, I | Disp | osed o | f, or Be | nefic | ally | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transport Date (Month/D | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transac Code (Ir 3) | | | . Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 D) | | | 5. Amou Securitie Benefici Owned F Reporter | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Prio | e | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 02/19/ | | | | | 9/201 | /2016 | | | A | | 5,910 | 5,910 ⁽¹⁾ A | | 0.00 | 35,682 | | | D | |
| | | - | Table II - I | | | | | | uired, Di , option: | | | | | | wned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | 4. Transa Code (I 8) | | of | | 6. Date Exe Expiration (Month/Day | | 7. Title a of Secur Underlyi Derivativ (Instr. 3 a | ties ng e Securi | 5 | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration vate | Title | Amou or Numb of Share | er | | | | | |
| Employee Stock Option (Right to | \$33.01 | 02/19/2016 | | | A | | 21,480 | | 02/19/2019 | 9 0 | 2/19/2026 | Common Stock | 21,4 | 30 | \$0.00 | 21,480 |) | D | |

Explanation of Responses:

1. Reflects an award of restricted stock units, all of which are scheduled to vest on February 19, 2019.

Remarks:

Executive Vice President and President, Industrial Process

/s/ Lori B. Marino, Secretary of ITT Corporation, by Power of 02/23/2016 Attorney for Aris C. Chicles

** 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.