FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

TEMENT 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* DEFOSSET DON | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT Inc. [ITT] | | | | | | | | | elationship ck all app Direc | , | ng Per | rson(s) to Is | |
|--|--|---------|--------------|---|----------------|--|--|------|--|----------------------------------|------------|--|--|--------|--|--|---|---|---------|
| (Last) (First) (Middle) C/O ITT INC. 1133 WESTCHESTER AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020 | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| (Street) WHITE PLAINS | NY | 7 1 | 0604 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | icial | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | | | | 4. Securitie Disposed (5) | | | 4 and Securit | | ties cially Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (| |
| Common Stock 05/15/2 | | | | | 2020 | | | | A | | 2,062(1) | A \$ | | \$0.00 | 25,628(2) | | | D | |
| 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Code (8) | ransaction of Code (Instr. Derivativ | | vative crities crired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | D Si (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (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 the business day immediately prior to the ITT 2021 Annual Meeting of Shareholders.
- 2. Includes 725 shares under a dividend reinvestment plan. This amount does not include a fractional share of 0.348 that was disposed of when the reporting person transferred shares from one account to another because the transfer could only be completed for whole shares.

Remarks:

/s/ Mary Beth Gustafsson, Secretary of ITT Inc., by Power of Attorney for Donald

05/19/2020

DeFosset, Jr.

** 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.