FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
	Estimated average b	urden						
	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. Date of Event Requiring Staten Month/Day/Year 02/03/2015	er Name <b>and</b> Ticker or Ti Corp [ ITT ]	radin	g Symbol								
(Last) (First) (Middle) C/O ITT CORP.					Relationship of Reporting P (Check all applicable)     Director			10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
1133 WESTCHESTER AVENUE					X	Officer (give title below)		Other (spe below)	cify		dividual or Joint icable Line)	t/Group Filing (Check		
(Street)						See Rema	rks			X	,	y One Reporting Person		
WHITE PLAINS	NY	10604									Form filed b Reporting P	y More than One Person		
(City)	(State)	(Zip)												
		٦	Table I - Non	-Derivat	ive S	ecurities Beneficia	ally	Owned						
1. Title of Sec	urity (Instr. 4)	٦	Table I - Non	2	. Amou	ecurities Beneficia int of Securities ially Owned (Instr. 4)	3. F	Owned  Ownersh  Orm: Direct  Indirect (	ct (D)	4. Nat (Instr.		Beneficial Ownership		
1. Title of Sec	urity (Instr. 4)		Table II - D	2 E	. Amou Benefici	ınt of Securities	3. F. OI (II	. Ownersh form: Direct or Indirect ( Instr. 5) wned	ct (D) (I)			Beneficial Ownership		
	urity (Instr. 4)	(e.	Table II - D	Derivative Is, warra	e Secunts, o	int of Securities ially Owned (Instr. 4) urities Beneficially	3. Foot (III) y Over the second contract of t	. Ownersh form: Direct or Indirect ( nstr. 5) wned ecurities	ct (D) (I)	(Instr.		6. Nature of Indirect Beneficial Ownership (Instr. 5)		

**Explanation of Responses:** 

Remarks:

Senior Vice President Human Resources

No securities are beneficially owned.

/s/ Lori Marino, Secretary of ITT Corporation by Power of Attorney for Victoria L.

02/05/2015

<u>Creamer</u>

\*\* 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 5 (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.