FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | VAL       |  |  |  |  |
|---|------------------------|-----------|--|--|--|--|
|   | OMB Number:            | 3235-0287 |  |  |  |  |
| l | Estimated average burd | en        |  |  |  |  |
| l | hours per response:    | 0.5       |  |  |  |  |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|   | d Address of  | 2. Issuer Name and Ticker or Trading Symbol ITT Corp [ ITT ] |   |          |                              |  |   |       |                                     |                            |                     | Relationship of Reporting Person(s) to Issuer (Check all applicable) |                 |   |  |   |  |   |  |
|---|---|--|---|----------|------------------------------|--|---|-------|-------------------------------------|----------------------------|---------------------|--|-----------------|---|--|---|--|---|--|
| Jimene  |   |  |   |          |                              |  |   |       |                                     |                            | X                   | Office<br>below  | er (give title  |   | Owner<br>er (specify<br>w)   |   |  |   |  |
| (Last) (First) (Middle) 1133 WESTCHESTER AVENUE               |   |  |   |          |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2011 |       |                                     |                            |                     |  |                 |   |  | Vice President  |  |   |  |
| (Street) WHITE  |   |  |   |          | 4. If <i>i</i>               | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |       |                                     |                            |                     |  |                 |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  |   |  |   |  |
| PLAINS  | S NY 10604  |  |   |          |                              |  |   |       |                                     |                            |                     |  | X               | Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |   |  |   |  |
| (City)  | (St   | ate) (   | Zip)  |          |                              |  |   |       |                                     |                            |                     |  |                 |   |  |   |  |   |  |
|   |   | Tabl   | le I - Nor                                    | n-Deriva | ative                        | Sec  | uritie  | s Acc | quired,                             | Dis                        | posed o             | f, or  | Ben             | eficia  | lly C  | wne   | ed   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   |          | n/Day/Year) i                |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | Code                                | Transaction Code (Instr. 5 |                     | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5)     |                 |   | 4 and S  |   | ount of<br>ties<br>cially<br>I Following                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership |
|   |   |  |   |          |                              |  |   |       |                                     | v                          | Amount              |  | (A) or<br>(D)   | Price   | - 1-   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  |   | (Instr. 4)                             |
| Common  | 2011  |  |   | P        |                              | 100  |   | A     | \$48.                               | 3.99                       |                     | 1,197  | D               |   |  |   |  |   |  |
|   |   | Та   | able II - D                                   |          |                              |  |   |       |                                     |                            | sed of,<br>onvertib |  |                 |   | / Ow   | ned   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)                   | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,    | tate, Transaction Code (Inst |  |   |       | 6. Date E<br>Expiration<br>(Month/E | on Dat                     | e Amount of         |  | str. 3          | 8. Prio<br>Deriva<br>Secur<br>(Instr.   | vative derivative Secuents Sec | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |  |
|   |   |  |   | ,        | Code                         | v  | (A)   | (D)   | Date<br>Exercisa                    |                            | Expiration<br>Date  | Title  | or<br>Nur<br>of | ount<br>nber<br>res   |  |   |  |   |  |

**Explanation of Responses:** 

Remarks:

/s/Burt M. Fealing, Corporate Secretary of ITT Corporation, by power of attorney for Frank

08/05/2011

R. Jimenez

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.