# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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*     Chicles Aris C						2. Issuer Name and Ticker or Trading Symbol  ITT Corp [ ITT ]									ck all applic	ationship of Reporting k all applicable)  Director  Officer (give title		son(s) to Iss 10% Ov Other (s	vner	
(Last) 1133 WE	`	irst) ER AVENUE	(Middle)			Date (		Trans	saction (M	Ionth/I	Day/Year)	7				below)	респу			
(Street) WHITE PLAINS NY 10604						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					
(City)			(Zip)		-										Form f	Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deri\	vativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or B	enef	icially	y Owned					
Date					ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amou Securitie Benefici Owned F Reporte	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or F	Price	Transaci (Instr. 3	ion(s)			(Instr. 4)		
Common	11/0	7/201	1			A		31,065	j(1) A	A	\$0.00	58,340 <sup>(2)</sup>			D					
Common Stock 11a				11/0	7/201	/2011			A		9,416	9,416 <sup>(3)</sup> A		\$0.00	67	7,756		D		
			Table II -								osed of, onverti				Owned					
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/D	n Date	•	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	mber ares						
Employee Stock Option (Right to	\$20.28	11/07/2011			A		90,778		(4)		11/07/2021	Commo: Stock	<sup>n</sup> 90	,778	\$0.00	90,778	8	D		

#### **Explanation of Responses:**

- 1. Reflects an award of restricted stock units ("RSUs"), which are scheduled to vest on November 7, 2014.
- 2. Includes securities received as part of award adjustments in connection with the spin-offs of Xylem Inc. and Exelis Inc. from ITT Corporation.
- 3. Reflects the conversion of the unvested portions of cash-settled total shareholder return ("TSR") awards into RSUs in connection with the spin-offs of Exelis Inc. and Xylem Inc. from ITT Corporation. 2,589 RSUs were awarded in respect of 2010 TSR awards and will vest on December 31, 2012. 6,827 RSUs were awarded in respect of 2011 TSR awards and will vest on December 31, 2013.
- ${\it 4. These options vest in three equal annual installments beginning on November 7, 2012.}$

#### Remarks:

Share numbers listed reflect the one-for-two reverse stock split that was effective after market close on October 31, 2011.

/s/ Burt M. Fealing, Secretary of ITT Corporation, by power 11/09/2011 of 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.