FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |
| Catimated average b | aurdon. | | | | | | |

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

| 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 | | | | | | | | | 4 | | hours | per res | sponse: | 0.5 | | | | |
|---|---|--|---|---|---------------------------|----------------------------|----------------|------------------------------|---------------|---------|--|---|--|---|---|-------------------------------------|--|--|
| 1. Name and Address of Reporting Person* HAMRE JOHN J | | | | 2. Issue | r Name and Ti | cker o | | | | 01 19 | 40 | (Che | eck all appli X Directo | cable) or | ng Per | son(s) to Iss | vner | |
| (Last) (First) (Middle) CENTER FOR STRATEGIC & INT'L STUDIES 1800 K STREET, N.W. STE 400 (Street) WASHINGTON DC 20006 (City) (State) (Zip) | | | ES | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2009 | | | | | | | | Officer (give title Other (specify below) | | | | | | |
| (Street) | | | | | | | | | | Line | 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 | -Deriva | tive Se | curities Ac | cquir | red, I | Disp | osed c | of, o | r Bene | eficiall | y Owne | k | | | |
| Date | | | | 2. Transac Date (Month/Da | Execution Date, | | | Code (Instr. 5) | | ities A | Acquired D) (Instr. | (A) or 3, 4 and | 4 and Securities Beneficiall Owned Fol | | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | С | ode | v | Amount | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| | | Т | able II - [) | Derivati e.g., pu | ve Sec its, call | urities Acq s, warrants | րuire s, op | d, D tion | ispo s, co | sed of | or ble | Benefi securi | icially ties) | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Ti | ransactior ode (Instr. | | Expir | ite Exe ration ith/Day | Date | ole and | Amo Seci Und Deri | itle and ount of urities erlying vative Se tr. 3 and 4 | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

\$33.19

1. Options granted under the ITT Corporation 2003 Equity Incentive Plan. The options will become exercisable in one-third cumulative annual installments after the first, second and third anniversaries of the date of grant.

Date Exercisable

(1)

Expiration Date

03/05/2016

Title

Common

Stock

Remarks:

Stock Option (Right to Buy)

> /s/Kathleen S. Stolar, Secretary of ITT Corporation by power 03/09/2009 of attorney for John J. Hamre, **Director of ITT Corporation**

** Signature of Reporting Person

Amount or Number

of Shares

3,970

\$0.00

Date

3,970

D

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).

03/05/2009

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

A

(A)

3,970

(D)

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.