FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| 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(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

| | | | | | _ | | | | | | | | | _ | | | | | | |
|--|---|--|--|---------|--------------|---|---------|-------|------------------------------------|-----|--|-------|-----------------|--|---|--|---|--|---------------|--|
| 1. Name and Address of Reporting Person* MCDONALD REBECCA ANN | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT Inc. [ITT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| MCDO | MALD K | EDECCA AI | NIN. | | | | | _ | | | | | | | X | Direc | ctor | 10% | Owner | |
| (Last) (First) (Middle) C/O ITT INC. 1133 WESTCHESTER AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2017 | | | | | | | | | | Office below | er (give title w) | Other below | (specify) | |
| (Street) WHITE PLAINS | VHITE NY 10604 | | .0604 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Sec Ber Ow | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) | |
| Common Stock 05/10/2 | | | | |)/2017 | | | | A | | 2,399(1 | 1) | A | A \$0.00 | | 00 10,482.252(2) | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Code (Instr. | | n of | | 6. Date E Expiratio (Month/D | | Amount of | | estr. 3 | 8. Price Derivati Security (Instr. 5 | | derivative Securities | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | |

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 Inc. 2018 Annual Meeting of Shareholders.
- 2. Includes 86.252 shares under a dividend reinvestment plan.

Remarks:

/s/ Lori B. Marino, Secretary of ITT Inc., by Power of Attorney 05/11/2017 for Rebecca A. McDonald

** 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.