FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* Chicles Aris C | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITT Corp [ITT] | | | | | | | | | all app | olicable) | | Owner | |
|--|---|--|---|----------|------------------------------|--|--|------------------|---|--------|--|---|--------------------------|--|--|---|---|--|--|
| (Last) (First) (Middle) C/O ITT CORP, 1133 WESTCHESTER AVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2014 | | | | | | | | | X Officer (give title Other (specify below) EVP | | | | |
| (Street) WHITE PLAINS | N | Ý 1 | 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 Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | ate, | | | | s Acquired (A) or of (D) (Instr. 3, 4 a | | nd 5) Sec Ben | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | |
| Common Stock 11/14/20 | | | | | 014 | | | S ⁽¹⁾ | | 10,569 | D | \$42.7 | 78 ⁽²⁾ | 2 | 29,543 | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | \ _v | (A) | (D) | Date Evercis: | aldes | Expiration | Title | Of Shares | | | | | | |

Explanation of Responses:

- 1. This transaction was effected under a Rule 10b5-1 trading plan adopted by the Reporting Person on June 9, 2014.
- 2. This price represents the approximate weighted average price per share of common stock (each, a "Share") of ITT Corporation (the "Issuer"), of sales that were executed at prices ranging from \$ 42.55 to \$42.97 per Share. The Reporting Person undertakes to provide, upon request by the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of Shares sold at each price.

Remarks:

/s/ Lori B. Marino, Secretary of ITT Corporation, by power of 11/17/2014 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.