

UNITED TECHNOLOGIES CORP /DE/  
 Form 3  
 April 07, 2003  
 SEC Form 3

|               |  |  |
|---------------|--|--|
| <b>FORM 3</b> | <b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br>Washington, D.C. 20549  | OMB APPROVAL<br><hr/> OMB Number: 3235-0104<br>Expires: January 31, 2005<br>Estimated average burden hours per response: . . . . 0.5 |
|               | <b>INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940 |  |

|   |  |   |   |
|---|--|---|---|
| 1. Name and Address of Reporting Person*<br><b>Hayes, Gregory</b><br><hr/> (Last) (First) (Middle)<br><b>United Technologies Corporation</b><br><b>One Financial Plaza</b><br><hr/> (Street)<br><b>Hartford, CT 06101</b><br><hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><b>April 01, 2003</b> | 4. Issuer Name and Ticker or Trading Symbol<br><b>United Technologies Corporation UTX</b>   | 6. If Amendment, Date of Original (Month/Day/Year)<br><hr/> 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Individual Filing<br><input type="checkbox"/> Joint/Group Filing |
|   | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>_____ Director _____<br>10% Owner _____<br><input checked="" type="checkbox"/> Officer _____<br>Other _____<br>Officer/Other Description <b>Vice President, Controller</b> |   |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form : (D) Direct (I) Indirect (Instr. 5) | 4. Nature of Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|--|
| <b>Common Stock</b>             | <b>269.979</b>  | <b>I</b>   | <b>By Savings Plan Trustee</b>               |

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 5(b)(v).

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**Form 3 (continued)**

| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |                                 |   |   |
|--|---|--|---------------------------------|---|---|
| 1. Title of Derivative Security (Instr. 4)   | 2. Date Exercisable(DE) and Expiration Date(ED) | 3. Title and Amount of of Underlying Security (Instr. 4) | 4. Conversion or Exercise Price | 5. Ownership Form (D) Direct or (I) Indirect (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|  | (DE)   (ED)                                     | <b>Common Stock - 385.716</b>                            | <b>\$0.0000</b>                 | <b>I</b>  |   |

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| ESOP Series A Convertible Preferred Stock |                         |                           |           |   | By Savings Plan Trustee |
|---|-------------------------|---------------------------|-----------|---|-------------------------|
| Non-Qualified Stock Option (right to buy) | 01/03/2003   01/02/2010 | Common Stock - 5,300.000  | \$62.5000 | D |                         |
| Non-Qualified Stock Option (right to buy) | 01/02/2004   01/01/2011 | Common Stock - 5,900.000  | \$75.2500 | D |                         |
| Non-Qualified Stock Option (right to buy) | 01/02/2005   01/01/2012 | Common Stock - 7,900.000  | \$64.3400 | D |                         |
| Non-Qualified Stock Option (right to buy) | 01/02/2006   01/01/2013 | Common Stock - 10,000.000 | \$63.4100 | D |                         |
|   |                         |                           |           |   |                         |

Explanation of Responses :

\*\* Intentional misstatements or omissions of facts /s/ **Gregory Hayes** constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

\_\_\_\_\_  
 \*\* Signature of Reporting Person  
 Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient,

See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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