#### MORRISON ROBERT S

Form 4

December 15, 2004

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** Number:

3235-0287

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires:

2005

0.5

response...

Estimated average burden hours per

**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

12/13/2004

Stock (2) (3)

1. Name and Address of Reporting Person * MORRISON ROBERT S			2. Issuer Name and Ticker or Trading Symbol ILLINOIS TOOL WORKS INC					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)		fiddle)	[ITW] 3. Date of (Month/Date 12/13/20	•	ansaction			_X_ Director Officer (giv below)		Owner er (specify
(Street) NEW YORK, NY 10017			4. If Amendment, Date 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)	(State)	(Zip)	Table	e I - Non-E	erivative	Securi	ities Acc	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	med on Date, if Day/Year)	3. Transacti Code (Instr. 8)	4. Securion(A) or I (D) (Instr. 3	Dispose , 4 and (A) or	d of 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	12/13/2004			٨	63	۸	\$	4 110	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Α

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

4.119

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

63

A

### Edgar Filing: MORRISON ROBERT S - Form 4

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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock (1)	\$ 0	05/09/2003		A	1,018	08/08/1988	08/08/1988	Common Stock	1,018

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting 6 wher rune / rune ess	Director	10% Owner	Officer	Other			
MORRISON ROBERT S 120 PARK AVE NEW YORK, NY 10017	X						

## **Signatures**

Robert S. Morrison by S. S. Hudnut, Sr. V.P., Gen. Counsel & Secretary Attorney-In-Fact P.O.A. on File

12/14/2004

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
  - Represents Units of Phantom Stock Under the Phantom Stock Plan for Non-Officer Directors. Each Unit is equal in value to one share of
- (1) Common Stock. The units are not transferable and have no voting rights. Additional Units are credited in amounts equivalent to cash dividends paid on the Common Stock.
- (2) Includes Grant of 900 shares of Restricted Stock 2/11/04 vesting as follows: 450 Shares 1/3/2005 and 450 Shares 1/2/2006.
- (3) Includes Deferred Stock under the ITW Non-Officers Directors Fee Conversion Plan.

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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