Camuti Paul A Form 4 June 07, 2012

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person * Camuti Paul A

(First)

(Middle)

(Zip)

C/O INGERSOLL-RAND COMPANY, 800-E BEATY ST

(Street)

(State)

(Month/Day/Year)

DAVIDSON, NC 28036

2. Transaction Date 2A. Deemed

2. Issuer Name and Ticker or Trading Symbol

Ingersoll-Rand plc [IR]

3. Date of Earliest Transaction (Month/Day/Year) 06/05/2012

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Instr. 3, 4 and 5)

(A)

Code V Amount (D) Price

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

Issuer

Person

5. Amount of

Securities

Owned

Beneficially

Following

Reported

Transaction(s) (Instr. 3 and 4)

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify below) below)

Senior Vice President

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4)

(Instr. 4)

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

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.

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

1. Title of 3. Transaction Date 3A. Deemed 5. Number 4.

Derivative Conversion Security or Exercise

(Month/Day/Year)

Execution Date, if any

Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of Underlying Securities

8. Pric Deriva Securi

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Yo | (Month/Day/Year) | (Instr. 8 | 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | (Instr. 3 and | 4) | (Instr. |
|---------------------------|------------------------------------|---------------|------------------|-----------|----|--|-----|---------------------|--------------------|--------------------|--|---------|
| | | | | | V | V (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock Units | \$ 0 | 06/05/2012 | | A | | 55.58 | | <u>(1)</u> | <u>(1)</u> | Ordinary Shares | 55.58 | \$ (|

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Camuti Paul A C/O INGERSOLL-RAND COMPANY 800-E BEATY ST DAVIDSON, NC 28036

Senior Vice President

Signatures

/s/ S. Wade Sheek -Attorney-in-Fact

06/07/2012

**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).
- These Phantom Stock Units are to be settled in cash equal to the fair market value of ordinary shares multiplied by the number of phantom stock units held upon the reporting person's termination of employment with the issuer.
- (2) Amount represents an approximate number of shares based on the total market value of the reporting person's Company stock fund units, as reported by the trustee of the Company supplemental compensation plans.

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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