### Edgar Filing: MCLEVISH TIMOTHY R - Form 4

Form 4	I TIMOTHY R										
May 21, 200			CECUI						OMB AF	PROVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.							NGE C	OMMISSION	OMB Number:	3235-0287	
				<ul> <li>ashington, D.C. 20549</li> <li>NGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>16(a) of the Securities Exchange Act of 1934, Jtility Holding Company Act of 1935 or Section</li> <li>Investment Company Act of 1940</li> </ul>					Expires:January 31 2005Estimated average burden hours per response0.5		
(Print or Type ]	Responses)										
	Address of Reporting I H TIMOTHY R	Person <u>*</u>	Symbol	r Name <b>and</b> SOLL RA			-	5. Relationship of Issuer			
(Last) (First) (Middle) 3. Date o				of Earliest Transaction Day/Year)				(Check all applicable) Director 10% Owner X_ Officer (give title Other (specify below) Senior Vice President and CFO			
MONTVAI	(Street) LE, NJ 07645			endment, Da nth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	tion Date, if Transaction(A) or Disposed of (D) Securities Code (Instr. 3, 4 and 5) Beneficially h/Day/Year) (Instr. 8) Owned Following				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class A Common Shares	05/18/2007			M	20,000	A	\$ 32.18	20,000	D		
Class A Common Shares	05/18/2007			S	20,000	D	\$ 48.99	0	D		
Class A Common Shares	05/18/2007			М	50,000	A	\$ 24.49	50,000	D		
Class A	05/18/2007			S	50,000	D	\$	0	D		

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Common Shares	48.99		
Class A Common Shares (1)	1,239.83	I	By Plan Trustee

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

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 control number.

# 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. Transactic Code (Instr. 8)	TransactionDerivative Code Securities		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	
Stock Option (right to buy)	\$ 32.18	05/18/2007		М	20,000	(2)	02/03/2014	Class A Common Shares	20,000	
Stock Option (right to buy)	\$ 24.49	05/18/2007		М	50,000	<u>(3)</u>	04/30/2012	Class A Common Shares	50,000	

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
MCLEVISH TIMOTHY R							
C/O INGERSOLL-RAND COMPANY			Senior Vice President and CEO				
155 CHESTNUT RIDGE ROAD			Senior Vice President and CFO				
MONTVALE, NJ 07645							

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# Signatures

By:/s/Barbara A. Santoro -Attorney-in-Fact

05/18/2007

\*\*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).
- (1) Latest available information provided by the trustee of the Ingersoll-Rand Employee Savings Plan and the Ingersoll-Rand Company Leveraged Employee Stock Ownership Plan.
- When granted, the options were to vest in three equal annual installments beginning one year after the date of grant. On December 31, 2005, all outstanding options became vested.
- (3) The option vested in three equal annual installments on the first, second and third anniversaries of the date of grant.

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.