Edgar Filing: Weller Richard - Form 4

| Weller Richa Form 4 February 19, | | | | | | | | | | | | |
|--|------------------------------------|--|--|--|--------------------|---|------------|--|--|---|--|--|
| FORM | Δ | | | | | | | | | PPROVAL | | |
| | UNITE | D STATES | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no long subject to Section 10 Form 4 or | er STATH 5. | x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. Section 1 | 20(h) of the Invictment Commonsy A of 1040 | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Weller Richard | | | 2. Issuer Name and Ticker or Trading Symbol Ingersoll-Rand plc [IR] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | |
| C/O INGER COMPANY STREET | (Month/Day/Year) 02/14/2013 | | | | | Director 10% Owner N Officer (give title Other (specify below) vP & Corporate Controller | | | | | | |
| | (Street) | Street) 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 | | | | | | |
| DAVIDSON | I, NC 28036 | | | | | | | Person | More than One Re | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acc | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | on Date, if | 3. Transactic Code (Instr. 8) | on(A) or Di (D) | ispose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Ordinary Shares | 02/14/2013 | | | F | 300 | D | \$ 53.3 | 16,497.53 | D | | | |
| Ordinary Shares (1) | | | | | | | | 1,091.32 | Ι | 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.

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 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) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Weller Richard C/O INGERSOLL-RAND COMPANY 800-E BEATY STREET DAVIDSON, NC 28036 | | | VP & Corporate Controller | | | | |
| Signatures | | | | | | | |
| /s/ S. Wade Sheek - Attorney-in-Fact | 02/19/2 | 2013 | | | | | |
| **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.

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.