

SANTI ERNEST SCOTT

Form 3

November 02, 2004

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

OMB  
Number: 3235-0104Expires: January 31,  
2005Estimated average  
burden hours per  
response... 0.5**INITIAL STATEMENT OF 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)

1. Name and Address of Reporting  
Person \*

SANTI ERNEST SCOTT

(Last) (First) (Middle)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

10/29/2004

3. Issuer Name **and** Ticker or Trading Symbol  
ILLINOIS TOOL WORKS INC [ITW]4. Relationship of Reporting  
Person(s) to Issuer5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner  
☒ Officer ☐ Other  
(give title below) (specify below)  
Executive V.P.6. Individual or Joint/Group  
Filing(Check Applicable Line)  
☒ Form filed by One Reporting  
Person  
☐ Form filed by More than One  
Reporting PersonILLINOIS TOOL WORKS  
INC., 3600 WEST LAKE

(Street)

GLENVIEW, IL 60026

(City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security  
(Instr. 4)2. Amount of Securities  
Beneficially Owned  
(Instr. 4)3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)Common Stock <sup>(1)</sup> <sup>(2)</sup>

7,500

D A

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security  
(Instr. 4)2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)  
Title4. Conversion  
or Exercise  
Price of  
Derivative  
Security5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)6. Nature of Indirect  
Beneficial  
Ownership  
(Instr. 5)

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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (3)	12/12/1998	12/12/2007	Common Stock	5,000	\$ 54.62	D	Â
Employee Stock Option (3)	12/11/1999	12/11/2008	Common Stock	5,000	\$ 58.25	D	Â
Employee Stock Option (3)	12/17/2000	12/17/2009	Common Stock	6,000	\$ 65.5	D	Â
Employee Stock Option (3)	12/15/2001	12/15/2010	Common Stock	15,000	\$ 55.875	D	Â
Employee Stock Option (3)	12/14/2002	12/14/2011	Common Stock	12,000	\$ 62.25	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SANTI ERNEST SCOTT ILLINOIS TOOL WORKS INC. 3600 WEST LAKE GLENVIEW, IL 60026	Â	Â	Â Executive V.P.	Â

## Signatures

E. Scott Santi by S. S. Hudnut, Sr. V.P., Gen. Counsel & Secretary Attorney-In-Fact POA on File

11/02/2004

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Includes Grant of Restricted Stock Vesting Over 3 Year Period 12/16/2003, 12/16/2004, 12/16/2005.
- (2) Includes Grant of Restricted Stock Vesting Over 3 Year Period 12/16/2004, 12/16/2005, 12/18/2006.
- (3) Options vest in four equal annual installments beginning one year from 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.