FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	$D \cap Q$	0540		

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol CARRIER GLOBAL Corp [CARR]							Relationship of Reporting Person(s) to Issuer (Check all applicable)								
STORY SUSAN N				CARREST ODOBAL COLP [CARRES								X	Director			10% Owr	ner	
(Last) (First) (Middle)													-	Officer (g below)			Other (sp below)	ecify
13995 PASTEUR BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 01/15/2023														
(Street) PALM B GARDE	-	TL	33418		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	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 I - Non-	Deriva	ative S	Securitie	s Ac	quired,	Disp	osed (of, or B	enefic	cially O	wned				
Date				2A. Deemed Execution Date if any (Month/Day/Yea		n Date,	e, Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following Reported	Form:		Direct Ir Indirect B tr. 4) C	. Nature of adirect eneficial wnership nstr. 4)		
								v	Amount	mount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				nstr. 4)	
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)	Transaction Code (Instr. 5) 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 Amou Securities Underly Derivative Securit (Instr. 3 and 4)		lying	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		cpiration ate	Title		unt or per of es		(Instr. 4)			
Director DSU	(1)	01/15/2023		A		3,576.9315		(1)		(1)	Common	3,57	6.9315	\$45.43	3,576.9	9315	D	

Explanation of Responses:

1. The reporting person acquired these stock units under the Carrier Global Corporation Board of Directors Deferred Stock Unit Plan (the Plan) in connection with the reporting person's annual compensation for service as a non-employee director. The Plan provides for payment of a portion or all of the annual compensation in Deferred Stock Units (DSUs). Upon resignation, removal, or retirement from the Board, the DSUs in the director's account under the Plan, including accrued dividend equivalents, are converted into an equal number of shares of Carrier common stock that, at the director's previous election, are distributed either in a lump-sum or in installments.

> /s/ William Langston as Attorney-in-Fact

01/18/2023

** Signature of Reporting Person

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.