FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number: 3235-0287								
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
J	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)							
MCNAMARA MICHAEL M											X	Director			10% Owr			
(Last)	(1	=irst)	(Middle)							-	Officer (g below)	ive title		Other (sp below)	ecify			
13995 PASTEUR BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 05/12/2020														
(Street) PALM BEACH FL 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						
GARDENS										Form filed	d by More	than O	ne Reportin	g Person				
(City)	(:	State)	(Zip)															
			Table I - Non-	Deriva	ative S	Securitie	s Ac	quired,	Dis	osed (of, or B	enefi	cially O	wned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/It			Date	2A. Deemed Execution Date if any (Month/Day/Yea		Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			and 5) Securities Beneficially Following		Form:		. Nature of ndirect eneficial ownership			
				Code V Amount (A) or (D)				Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 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. r) 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)		rlying	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		opiration ate	Title		unt or ber of es		(Instr. 4)			
Director DSU	(1)	05/12/2020		A		10,258.427		(1)		(1)	Common Stock 10,25		258.427	\$17.8	10,258.427		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/ Ariel R. David as Attorney-

in-Fact

** Signature of Reporting Person Date

05/13/2020

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.