FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response: 0									

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

	tion 1(b).	nuc. Sec		Filed	pursua or Se	ant to Section 3	ection 80(h) o	16(a) f the li	of the S	Securitent Co	ies Exchang mpany Act o	e Act o f 1940	f 1934			nours	per respons	e:	0.5
Name and Address of Reporting Person*     Crockett Kyle						2. Issuer Name and Ticker or Trading Symbol  CARRIER GLOBAL Corp [ CARR ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner									vner				
(Last) (First) (Middle) 13995 PASTEUR BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year)  02/04/2024  X Officer (give title below) Other (special below)  Vice President, Controller									specify				
(Street) PALM BEACH GARDENS FL 33418				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person														
(City)	(Si	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Da		ate,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	rect   (	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			02/04/20	124(1)		A		11,751	A	\$0.0	000	00 11,793		D				
Common Stock 02/04/2					2024				F		2,976	D	\$56	.78	8,817		D		
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ative   Conversion   Date   Execution Date,   if any		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

1. The acquistion of shares of Carrier common stock represents the vesting of performance share units (PSUs) previously awarded on February 4, 2021 to the reporting person under the Carrier Global Corporation 2020 Long-Term Incentive Plan. Each PSU has a value equal to one share of Carrier Global Corporation common stock. These PSUs vested upon the achievement of the pre-established performance targets for earnings per share growth and total shareholder return relative to a subset of industrial companies in the S&P 500 index over a three-year time period. The performance criteria were satisfied at the 185.5% level.

/s/ Erin O'Neal as Attorney-in-02/06/2024 **Fact** 

\*\* Signature of Reporting Person Date

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.