FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* <u>UNITED TECHNOLOGIES</u> CORP /DE/	2. Date of Event Requiring Statement (Month/Day/Year) 03/16/2020 3. Issuer Name and Ticker or Trading Symbol Carrier Global Corp [CARR WI]									
(Last) (First) (Middle) 10 FARM SPRINGS ROAD (Street) FARMINGTON CT 06032 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	₹ 10% C	owner (specify	A Person	/Year) bint/Group Filing e Line) by One Reporting by More than One			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)						
Common Stock, par value \$0.01 per sha		1	D							
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 Sounderlying Derivative Se		4. Conversi	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr.			
			(Instr. 4)		or Exerci Price of	se Form: Direct (D)	Ownership (Instr. 5)			

Explanation of Responses:

<u>/s/ Peter J. Graber-</u> <u>Lipperman, Corporate</u>

Vice President, Secretary 03/16/2020

and Associate General

Counsel

** 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 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).

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.