JOHNSON CONTROLS INC

Form 4 May 16, 2007

FORM 4

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

OMB Number:

3235-0287

Expires:

January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Estimated average

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

SECURITIES

1(b).

Common

Stock

05/15/2007

(Print or Type Responses)

1. Name and Address of Reporting Person * FIORI GIOVANNI JOHN			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			JOHNSON CONTROLS INC [JCI]			(Check	ek all applicable)		
(Last)	(First) (Middle)	3. Date of	f Earliest T	ransaction					
			(Month/I	Day/Year)		Directo			Owner	
5757 N. GI		05/15/2007			X Officer (give title Other (specify below)					
AVENUE,	P.O. BOX 591					· · · · · · · · · · · · · · · · · · ·	ecutive	e Vice Preside	ent	
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
MILWAUI	KEE, WI 53201-0)591	Filed(Mo	nth/Day/Yea	r)	Form filed	d by On	e Reporting Pe re than One Re		
1/112//1101	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Securities Acq	uired, Dispos	sed of, o	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A our Disposed of (D) (Instr. 3, 4 and 5) (A) or	5. Amount Securities Beneficiall Owned Following Reported Transactio	ly n(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Code V

M

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

287,100

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Amount

70,000

(D)

A

Price

40.115

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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)	4. Transacti Code (Instr. 8)	orDeri Secu Acq or D (D)	uired (A) visposed of er. 3, 4,	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option	\$ 40.115	05/15/2007		M		70,000	11/14/2003	11/14/2011	Common Stock	70,00
Stock Option	\$ 40.2975						11/20/2004	11/20/2012	Common Stock	120,00
Stock Option	\$ 52.55						11/19/2005(1)	11/19/2013	Common Stock	108,00
Stock Option	\$ 61.69						11/17/2006(1)	11/17/2014	Common Stock	100,00
Stock Option	\$ 67.685						11/16/2007(1)	11/16/2015	Common Stock	50,00
Stock Option	\$ 71.895						10/02/2008(1)	10/02/2016	Common Stock	40,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
coporting of the realist realist	Director	10% Owner	Officer	Other			
FIORI GIOVANNI JOHN 5757 N. GREEN BAY AVENUE P.O. BOX 591 MILWAUKEE, WI 53201-0591			Executive Vice President				
Cianaturas							

Signatures

Arlene D. Gumm, Attorney-In-Fact for Giovanni Fiori 05/16/2007

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Fifty percent of the options become exercisable two years after the grant date; the remaining 50%, three years after grant date.

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.

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