

Ingersoll-Rand plc  
Form 4  
October 02, 2013

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
LAMACH MICHAEL W

(Last) (First) (Middle)

C/O INGERSOLL-RAND  
COMPANY, 800-E BEATY  
STREET

(Street)

DAVIDSON, NC 28036

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
Ingersoll-Rand plc [IR]

3. Date of Earliest Transaction  
(Month/Day/Year)  
09/30/2013

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
President and CEO

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)   | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| Ordinary Shares                 | 09/30/2013                           |  | A                              | (A)<br>or<br>(D)<br>V Amount Price<br>148.61 \$<br><u>(1)</u> 64.94 | 164,516.74  | D  |   |
| Ordinary Shares <sup>(2)</sup>  |                                      |  |                                |   | 2,018.5   | I  | By Plan Trustee                                       |
| Ordinary Shares (GRAT)          |                                      |  |                                |   | 20,000  | I  | By grantor retained annuity trust                     |
| Ordinary Shares                 |                                      |  |                                |   | 2,650   | I  | By trust  |

|                              |       |   |          |
|------------------------------|-------|---|----------|
| (Trust 1)<br>Ordinary Shares | 2,650 | I | By trust |
| (Trust 2)<br>Ordinary Shares | 2,650 | I | By trust |
| (Trust 3)                    |       |   |          |

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

**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 control number.** SEC 1474 (9-02)

**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) | 4. Transaction Code (Instr. 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 Amount of Underlying Securities (Instr. 3 and 4) | 8. Price or Derivative Securities (Instr. 3) | Amount or Number of Shares |                 |                            |       |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|----------------------------|-----------------|----------------------------|-------|
|  |  |                                      |  | Code                           | V   | (A)  | (D)   | Date Exercisable                             | Expiration Date            | Title           | Amount or Number of Shares | Price |
| Phantom Stock Units                        | \$ 0   | 09/30/2013                           |  | A                              | 52.92<br><u>(1)</u>   | <u>(3)</u>   | <u>(3)</u>  |  |                            | Ordinary Shares | 52.92                      | \$ 64 |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                   |       |
|--|---------------|-----------|-------------------|-------|
|  | Director      | 10% Owner | Officer           | Other |
| LAMACH MICHAEL W<br>C/O INGERSOLL-RAND COMPANY<br>800-E BEATY STREET<br>DAVIDSON, NC 28036 | X             |           | President and CEO |       |

## Signatures

/s/ S. Wade Sheek - Attorney-in-Fact      10/02/2013

        \*\*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) Reflects acquisition of dividend equivalents paid on Company stock held through Company plans. Dividend equivalents are paid at the same rate and at the same time as dividends are paid to Company shareholders.
- (2) Latest available information provided by the trustee of the Ingersoll-Rand Employee Savings Plan.
- (3) These Phantom Stock Units are to be settled in cash equal to the fair market value of ordinary shares multiplied by the number of phantom stock units held upon the reporting person's termination of employment with the issuer.
- (4) Amount represents an approximate number of shares based on the total market value of the reporting person's Company stock fund units, as reported by the trustee of the Company supplemental compensation plans.

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.