#### JOHNSON CONTROLS INC

Form 4 May 17, 2006

## FORM 4

#### **OMB APPROVAL**

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

Form 4 or Form 5 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

1(b).

(Print or Type Responses)

1. Name and Addi FIORI GIOVA	*	_	2. Issuer Name <b>and</b> Ticker or Trading Symbol JOHNSON CONTROLS INC [JCI]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
5757 N. GREEN BAY AVENUE, P.O. BOX 591			(Month/Day/Year) 05/17/2006	Director 10% Owner _X Officer (give title Other (specify below)  Executive Vice President		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MILWAUKEE	E, WI 5320	1-0591	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secui	rities Acquir	ed, Disposed of,	or Beneficially	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit ord Dispos (Instr. 3, 4	ed of (	` ′	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)
Common Stock	05/17/2006		M	25,000	A	\$ 28.8907	29,100	D	
Common Stock	05/17/2006		M	88,000	A	\$ 29.2032	117,100	D	

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

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# $\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisal Expiration Date (Month/Day/Yea		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	\$ 28.8907	05/17/2006		M	25,000	11/18/2000	11/18/2008	Common Stock	25,00
Stock Option	\$ 29.2032	05/17/2006		M	88,000	11/17/2001	11/17/2009	Common Stock	88,00
Stock Option	\$ 28.4219					11/15/2002	11/15/2010	Common Stock	100,00
Stock Option	\$ 40.115					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 <u>(1)</u>	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

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
FIORI GIOVANNI JOHN 5757 N. GREEN BAY AVENUE P.O. BOX 591 MILWAUKEE, WI 53201-0591			Executive Vice President					
Signatures								
Arlene D. Gumm, Attorney-In-Fact fo Giovanni Fiori	r	05/17/2006						
**Signature of Reporting Person		D	ate					

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# **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.