

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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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 *				2.	2. Issuer Name and Ticker or Trading Symbol							ng Sy	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WYMAN TODD D				Iı	Ingersoll-Rand plc [IR]													
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							DD/Y	Directe		_	10% O	wner	
C/O INGERSOLL-RAND COMPANY, 800-E BEATY					9/30/2013								below)	X Officer (give title below) Other (specify below) Senior Vice President				
STREET	000-L2 D	LAII																
	(Street)					Amendme	nt,	Date	e O	rigina	al File	ed		6. Individo		nt/Group l	Filing (Che	eck
DAVIDSON, 1 (City)	NC 2803 (State)	36 (Zip))													Reporting Pe		n
		Table l	[- Non-I	Deriv	ativ	ve Securit	ties	Acq	quir	red, I	Dispo	sed (of, or	Beneficially	y Owned			
			2. Tra Date	ans.	2A. Deemed Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and		D)	Foll	str. 3 and 4) For Director I			6. Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							C	ode	V.	Amour 49.04	or (D)	Price	e				4)	
Ordinary Shares 9/				9/30/	30/2013			A		(1)	A	\$64.94		36434.84		D		
Ordinary Shares (2)														1886.63		I	By Plan Trustee	
Tabl	le II - Dei	ivative	Securitio	es Be	nef	icially Ov	vne	d (e	e.g.	, put	s, cal	ls, w	arra	nts, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2.	e of vative	3A. Deemed Execution Date, if any	4. Trans. Code		5. Number of Derivative Securities Acquired (A) Disposed of (Instr. 3, 4 an	6. Date Ex and Expira		Exercis			itle and	l Amount of Underlying Security			10. Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exe		ble Da	piratio ite	n Title	e	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr.	
Phantom Stock Units	\$0	9/30/2013		A		4.56 (1)			(3)		(3)		linary ares	4.56	\$64.94	1462.38	I	By Plan Trustee

Explanation of Responses:

- (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.

Reporting Owners

Panarting Owner Name / Address		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
WYMAN TODD D										

C/O INGERSOLL-RAND COMPANY		
800-E BEATY STREET DAVIDSON, NC 28036	Senior Vice President	

Signatures

/s/ S. Wade Sheek - Attorney-in-Fact 10/2/2013

** 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 control number.