FORM 4

obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| Charle this have if no language as his at to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Pine Matthew Francis | | | | | | 2. Issuer Name and Ticker or Trading Symbol Xylem Inc. [XYL] | | | | | | | | | ationship of Reporting | | son(s) to Iss 10% Ov Other (s | ner |
|--|---|------------|----------------|------------|------------------------------|---|---|-------|--|------|---|---|--|--|---|---|--|--|
| | (F NATIONA LEM INC. | * | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2021 | | | | | | | | X below | | ce Pr | below) | |
| (Street) RYE BR (City) | | tate) | 10573 (Zip) | Don't | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | 2. Transac | tion | 2A. E Exec if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | (A) or | 5. Amount Securities Beneficiall Owned Fol | | nt of 6. Of seally (D) of collowing (I) (II | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 11/05/2 | 2021 | | | | M | | 2,000 | A | \$63.5 | 5 3 | 39,217 D | | | |
| Common | Stock | | | 11/05/2 | 2021 | | | | S | | 2,000(1) | D | \$130.49 | 9 ⁽²⁾ 3 | 7,217 D | | | |
| | | 7 | able II | | | | | | . , | | posed of , converti | , | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | on Date, | 4. Transa Code (8) | | | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ate | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$63.55 | 11/05/2021 | | | М | | | 2,000 | (3) | | 05/07/2030 | Common | 2,000 | \$0.00 | 42,423 | 3 | D | |

Explanation of Responses:

- $1. \ The \ sale \ was \ made \ pursuant \ to \ a \ 10b5-1 \ plan \ adopted \ by \ the \ reporting \ person \ on \ March \ 15, \ 2021.$
- 2. This price represents the weighted average price per share of common stock (each, a "Share") of Xylem Inc. (the "Issuer"). The Reporting Person undertakes to provide, upon request by the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of Shares sold at each price.
- 3. The May 7, 2020 option grant vests in one third increments on May 7, 2021, May 7, 2022 and May 7, 2023.

Remarks:

/s/ Kimberly Rehm, by power of attorney for Matthew F. Pine

11/05/2021

** 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 Number.