FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| 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

| 1. Name ar Napolit | | Xylem Inc. [XYL] | | | | | | | | | | Directo | ationship of Reporting k all applicable) Director Officer (give title | | 10% Owner Other (speci | | | | | | |
|---|---|--|----------------|------------------------------|----------------|---|---|-----|---------------|------------------|-------------|---------------------|---|---|--|---|--|--|--------------------------------------|---|--|
| | , | irst) ER AVENUE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013 | | | | | | | | | | below) | below) below) Senior Vice President | | | | |
| (Street) WHITE | PLAINS N | | 10604 (Zip) | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line |) X Form t Form t | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Tran | 2. Transaction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tra | ed, D ansacti | on | | | | (A) or | 5. Amou Securitie Benefici Owned I | 5. Amount of Securities Beneficially Owned Following | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | Со | de V | | | | | | Amount | (A (E | A) or O) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | | |
| Common | Stock | | | 03/0 | 1/201 | 3 | | | 1 | ۸ | | 8,403(| 1) | A | \$0.00 | 55 | 55,153 D | | | | |
| Common | Stock | | | | | | | | | | | | | | | 1,314.2232 ⁽²⁾ I 40 | | | | by 401(k) Plan | |
| | | - | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | ecution Date, Transaction of | | ive ies ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | | | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | | xpiration ate | Title | N O | Amount or lumber of Shares | | | | | | |
| Employee Stock Options (Right to | \$27.49 | 03/01/2013 | | | A | | 30,909 | | (| 3) | 0: | 3/01/2023 | Comm | | 30,909 | \$0.00 | 30,90 | 9 | D | | |

Explanation of Responses:

- 1. Reflects an award of restricted stock units which are scheduled to vest on March 1, 2016.
- 2. As of December 31, 2012.
- 3. These options vest in three equal annual installments beginning on March 1, 2014.

Remarks:

/s/ Rina E. Teran, Assistant Corporate Secretary of Xylem Inc., by power of attorney for

03/05/2013

Kenneth Napolitano

** 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.