FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
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l	hours per response:	0.5

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

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*						Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
Mingle Robyn T							Xylem Inc. [XYL]								(Check all applicable)					
<u>Minigle Robyli T</u>															X	Direc	ctor er (give title		Owner (specify	
() () () () ()							2. Data of Earlingt Transaction (Month/Day/Vear)									belov		belov		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 11/07/2014									S	SVP & Chief HR Officer			
1 INTERNATIONAL DRIVE																				
C/O XYLEM INC.																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					
RYE BROOK NY 10573														Form filed by More than One Reporting						
,															Person					
(City)	(SI	ate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac										3. 4. Securities Acquired (A)								6. Ownership	7. Nature	
				Date (Month/D	Day/Yea				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 ar	Benefi		icially (D	Form: Direct (D) or Indirect	of Indirect Beneficial			
					(Month/			nth/Day/Year)							Repor		rted	(I) (Instr. 4)	Ownership (Instr. 4)	
						Code	v	Amount		(A) or (D)	Price			action(s) 3 and 4)						
Common Stock 11/07/2									F		1,503(1	1)	D	\$37.04		19,887		D		
		Ta	ble II - I	Derivat	ive S	ecu	rities	Acaui	ired. D	ispo	sed of.	or B	3enefi	iciall	v Ov	vned				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date,	Code (Instr.		ion of str. Derivative Securities		Expiration Date (Month/Day/Year) Amount of Securitie Underlyii			7. Title and Amount of			8. Price of Derivative Security		9. Number o derivative Securities	f 10. Ownership Form:	11. Nature of Indirect Beneficial	
(Instr. 3)	Price of	(Monthibay/real)		ay/Year)								derlying		(Inst			Direct (D)	Ownership (Instr. 4)		
	Derivative Security				Acquired (A) or		Derivative Security (Instr and 4)			str. 3	3		Following		(Instr. 4)					
						Disposed of (D)				and 4)			Reported Transaction(s)	(s)						
							(Instr. 3, 4 and 5)									(Instr. 4)				
												Δm	ount							
													or							
						.,			Date		Expiration	 	of	mber						
				- 1	Code	V	(A)	(D)	Exercisa	DIE	Date	Title	e Sha	ares						

Explanation of Responses:

1. Reflects the withholding of shares of Common Stock to pay the tax liability incident to the vesting of shares of restricted stock granted on November 7, 2011 under the Xylem 2011 Omnibus Incentive Plan.

Remarks:

/s/ Hannah Skeete, by power of attorney for Robyn T. Mingle 11/12/2014

** 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.