FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

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

0.5

hours per response:

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

| Name and Address of Reporting Person* Harker Victoria D | | | | | 2. Issuer Name and Ticker or Trading Symbol Xylem Inc. [XYL] | | | | | | | | | | | olicable) | ıg Persoı | erson(s) to Issuer 10% Owner | | |
|--|-------|----------|----------|---|---|-----------------|---------|--|------------------|--|---|-------|---------------|---|------------------------|---|---|---|--|----------|
| (Last) (First) (Middle) 1 INTERNATIONAL DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2014 | | | | | | | | | | Office below | cer (give title ow) | | Other (specify below) | | | |
| C/O XYLEM INC. | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) RYE BRO | OOK N | Y | 10573 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (\$ | State) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | and Secur | | cially I Following | Form: D (D) or Ir | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) |
| Common Stock 05/06 | | | | | 6/2014 | | | | A | | 3,249 ⁽¹⁾ A | | A | \$ <mark>0</mark> . | 00 11,773 | | I |) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Executio if any (Month/D | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | n: ct (D) ndirect | Beneficial Ownership tt (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

1. Reflects the award of restricted stock units, which are scheduled to vest on the business day prior to the Xylem Inc. 2015 annual shareowners' meeting.

Remarks:

/s/ Hannah Skeete, Securities
Counsel of Xylem Inc., by
power of attorney for Victoria

05/07/2014

** 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.