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 | burden | | | | | | | | |

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(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | 01 3 | ectio | 11 30(11) | or the r | nvesime | III COI | npany Act | 01 19 | 40 | | | | | | |
|--|---|--|---|---------------------------|---|--|---|--------------------------------------|-------------------------------------|--|---------------------|---|-------------------|--------------|---|--|---|---|--|
| 1. Name and Address of Reporting Person* Sabol Colin R | | | | | 2. Issuer Name and Ticker or Trading Symbol Xylem Inc. [XYL] | | | | | | | | | | all app | olicable) ctor | | Owner | |
| (Last) (First) (Middle) C/O XYLEM INC. 1 INTERNATIONAL DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014 | | | | | | | | | | X | Officer (give title below) Senior Vice | | belo | er (specify w) |
| (Street) RYE BROOK NY 10573 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indivine) | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired | Dis | posed o | f, o | r Ben | eficia | ally C | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exay/Year) if a | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and S B O | | ount of ities icially d Following ted | 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 | | Transa | action(s) 3 and 4) | | (1130.4) |
| Common Stock 03/03/ | | | | 2014 | | | F | | 1,323(1 | L) | D \$38 | | .79 | 79 45,431 | | D | | | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, Transac Code (li | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiration (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | estr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount mber | | | | | |

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 March 3, 2011 under the Xylem 2011 Omnibus Incentive Plan. Equity awards formerly granted by ITT Corporation were converted into equity awards of Xylem Inc. in connection with the spin-off of Xylem Inc. from ITT Corporation on October 31, 2011.

Remarks:

/s/ Hannah Skeete, Securities Counsel of Xylem Inc., by power of attorney for Colin R. Sabol

03/04/2014

** 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.