TRANE INC. Form 4 November 30, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * POSES FREDERIC M			2. Issuer Name and Ticker or Trading Symbol TRANE INC. [TT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Chook an approved)		
			(Month/Day/Year)	X Director 10% Owner		
C/O TRANE INC., ONE			11/28/2007	X Officer (give title Other (specify below)		
CENTENNIAL AVENUE		<u>.</u>		Chairman & CEO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
PISCATAWA	Y, NJ 0885	5		Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Ta	ble I - Non	-Derivativ	e Secu	ırities Ac	quired, Disposed	d of, or Benef	ficially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$.01 par value (1)	11/28/2007		Code V M	Amount 89,200	(D)	Price \$ 9.05	323,391	D	
Common Stock, \$.01 par value (1)	11/28/2007		S	89,200	D	\$ 37.12	234,191	D	
Common Stock, \$.01 par value							4,942.845	I	ESOP/Savings Plan (2)

Common

Stock, \$.01 par 3,000 I By Children/Spouse

value

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ansaction Date 3A. Deemed 4. 5. Number of thth/Day/Year) Execution Date, if any Code Securities (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (Right to Buy) (1)	\$ 9.05	11/28/2007		M	89,200	12/06/2000(3)	10/06/2009	Common Stock, \$.01 par value	89,200

Reporting Owners

Reporting Owner Name / Address	Kelationships						
- 0	Director	10% Owner	Officer	Other			
POSES FREDERIC M C/O TRANE INC. ONE CENTENNIAL AVENUE	X		Chairman & CEO				
PISCATAWAY NI 08855							

Signatures

/s/ Frederic M. Poses (By M. Cresitello by Power of Attorney)

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).

Reporting Owners 2

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- (1) Transaction executed pursuant to a Rule 10b5-1 Plan.
- (2) Includes shares help in ESOP and Savings Plan.
- Original grant of 3,000,000 options became exercisable in three equal installments beginning October 6, 2000. Under the terms of the grant, these options will expire upon the earlier of October 6, 2009 or 90 days after the date of Mr. Poses' retirement.
- (4) Issued in connection with employment.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.