ILLINOIS TOOL WORKS INC
Form 3
July 28, 2005

FORM 3

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

OMB APPROVAL

OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated average burden hours per response...	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â Kropp Ronald D

(Last) (First) (Middle)

ILLINOIS TOOL WORKS INC.,Â 3600 WEST LAKE AVENUE

(Street)

GLENVIEW,Â ILÂ 60026

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
07/28/2005

3. Issuer Name **and** Ticker or Trading Symbol
ILLINOIS TOOL WORKS INC [ITW]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

_____ Director _____ 10% Owner
__X__ Officer _____ Other
(give title below) (specify below)
VP & Controller

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
_X_ Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock (1) (2) (3)	3,434	D	Â

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (4)	12/12/1998	12/12/2007	Common Stock	2,000	$ 54.62	D	Â
Employee Stock Option (4)	12/11/1999	12/11/2008	Common Stock	2,000	$ 58.25	D	Â
Employee Stock Option (4)	12/17/2000	12/17/2009	Common Stock	3,000	$ 65.5	D	Â
Employee Stock Option (4)	12/15/2001	12/15/2010	Common Stock	8,000	$ 55.875	D	Â
Employee Stock Option (4)	12/14/2002	12/14/2011	Common Stock	6,000	$ 62.25	D	Â
Employee Stock Option (4)	12/10/2005	12/10/2014	Common Stock	5,000	$ 94.26	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kropp Ronald D ILLINOIS TOOL WORKS INC. 3600 WEST LAKE AVENUE GLENVIEW,Â ILÂ 60026	Â	Â	Â VP & Controller	Â

Signatures

Ronald D. Kropp by S. S. Hudnut, Sr. V.P., Gen. Counsel & Secretary Attorney-In-Fact POA on File	07/28/2005
**Signature of Reporting Person	Date

Explanation of Responses:

***** If the form is filed by more than one reporting person, *see* Instruction 5(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).

(1) Includes Grant of Restricted Stock Vesting 12/16/2005

(2) Includes Grant of Restricted Stock Vesting 12/16/2005, 12/18/2006

(3) Includes 1,048 shares of Common Stock allocated to my account in the Illinois Tool Works Inc. Savings & Investment Plan -- Information reported as of July 19, 2005.

(4) Options vest in four equal annual installments beginning one year from date of grant.

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.