Allegion plc Form 4 February 25, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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obligations may continue. See Instruction

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

1(b).

 $(ESP)^{(1)}$

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Santoro Barbara A | | | 2. Issuer Name and Ticker or Trading Symbol Allegion plc [ALLE] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|---------|----------|--|--|--|--|--|
| (Last) (1 | First) | (Middle) | 3. Date of Earliest Transaction | (Check an applicable) | | | |
| C/O SCHLAGE I LLC, 11819 N. P STREET | | 1 | (Month/Day/Year) 02/22/2014 | Director 10% Owner X Officer (give title Other (specify below) Sr. V. Pres./Sec./Gen. Counsel | | | |
| (5 | Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| CARMEL, IN 46 | 032 | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (S | State) | (Zip) | Table I - Non-Derivative Securities Acc | quired, Disposed of, or Beneficially Owned | | | |

| (City) | (State) | (Zip) Tabl | e I - Non-D | Perivative | Secur | rities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
|--------------------------------------|--------------------------------------|---|---|----------------------------------|--------|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securi on(A) or Do (Instr. 3, | ispose | d of (D) | 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) |
| Ordinary Shares | 02/22/2014 | | F | 246 | D | \$ 52.27 | 6,223 | D | |
| Ordinary Shares | | | | | | | 786 | I | By Plan |

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

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Trustee

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secun Bene Owne Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|---|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
|--------------------------------|---------------|

Director 10% Owner Officer Other

Santoro Barbara A C/O SCHLAGE LOCK CO., LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032

Sr. V. Pres./Sec./Gen. Counsel

Signatures

/s/ S. Wade Sheek, Attorney-In-Fact

02/25/2014 Date

**Signature of Reporting Person

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).
- (1) Latest available information provided by the trustee of the Insurer's Employee Savings Plan.

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.

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