FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	ROVA
-----	-----	------

OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

purchase or sale issuer that is inte	of equity securities of the nded to satisfy the se conditions of Rule struction 10.			
1. Name and Addre Flavin Lisa	ss of Reporting Perso	n*	2. Issuer Name and Ticker or Trading Symbol EMERSON ELECTRIC CO [EMR]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director
(14)	(First)	/A 4: -l -ll - \		X Officer (give title Other (specify below)
(Last) C/O EMERSON	(First) NELECTRIC CO.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/06/2023	Senior VP & CCO
8000 W. FLORI	SSANT AVENUE			
(Street) ST. LOUIS MO 63136			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	11/06/2023		A ⁽¹⁾		8,406(1)	A	(2)	62,414	D	
Common Stock	11/06/2023		A ⁽³⁾		6,820(3)	Α	(4)	69,234	D	
Common Stock								4,644.255	I	401(k) plan
Common Stock								2,073.233	I	401(k) excess plan

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	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Transaction(s) (Instr. 4)		

Explanation of Responses:

1. Acquisition of 8,406 shares pursuant to Rule 16b-3 upon payout of 15,286 earned units under a performance share award under a shareholder-approved benefit plan. The payout was based on the level of achievement of financial targets for the performance period ended September 30, 2023. Of these 15,286 units, 8,406 units were paid in shares of Issuer stock, with the remaining 6,880 units paid in cash to cover the reporting person's tax obligations.

- 2. Price is not applicable to the acquisitions described in Note 1.
- $3.\ Grant\ to\ Reporting\ Person\ of\ 6,820\ restricted\ stock\ units\ under\ shareholder\ approved\ benefit\ plan\ pursuant\ to\ Rule\ 16b-3(d).$
- 4. Price is not applicable to acquisitions resulting from grants of restricted stock units.

/s/ John Sperino, Attorney-in-Fact for Lisa A. Flavin

11/08/2023

** 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.