SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
an Costian 20(h) of the Investment Company, Act of 1040

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	nd Address of		2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
											Director			10% Ov	ner			
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005								Officer (g below)	give title		Other (s below)	pecify	
	CILLDOI												/					
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BETHESDA MD 20817													X Form filed by One Reporting Person					
													Form filed by More than One Reporting					
													Person	,	-			
(City)	(9	State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transaction Date Month/Day/Year)	Execution Date,		e, Transaction Dispos Code (Instr.			urities A sed Of (Acquired (D) (Instr. 3	A) or 3, 4 and 5)	and 5) Securities Beneficial Owned Fo		Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
								v	Amou	nt	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
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/Yea	Code (Instr.	isaction of Expi			6. Date Exercisable and Expiration Date (Month/Day/Year)			and Amo ties Unde tive Secu 3 and 4)	rlying	ng Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(S) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

(1)

(1)

(1)

06/30/2005

06/30/2005

1. The phantom stock units convert on a 1 for 1 basis.

2. The information pertains to phantom stock units acquired through dividend reinvestment under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service.

Date Exercisable

(2)

(3)

(4)

Expiration Date

(2)

(3)

(4)

Title

Commor

Stock

Commor

Stock

Commor

Stock

3. The information pertains to phantom stock units acquired through Director retainer fee deferral under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service.

4. The information pertains to the phantom stock units acquired under the Lockheed Martin Directors Equity Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service

Remarks:

Phantom

Phantom

Phantom

Stock

Units

Stock Units

Stock Units

Marian S. Block Attorney-infact ** Signature of Reporting Person Date

Amount or

Number of

12.355

289.04

2,839.7913

\$64.87

\$64.87

Shares

07/05/2005

3,218.2

3.507.24

2,839.7913

LM

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Т

I

Directors

Deferred Comp Plan LM

Directors

Deferred Comp Plan LM

Directors

Equity Plan

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).

v

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(A)

12.355

289.04

(D)

Code

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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.