FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours por rosponso:	0.5							

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

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

1. Name and Address of Reporting Person* <u>Donovan John</u>					2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [ LMT ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) 6801 RO	(FI CKLEDGE	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021							Officer (give title Other (specify below) below)					
(Street) BETHES (City)		tate)	20817 (Zip)	) Opriva	4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefic							Lin	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Tran				Transac ate	1		a. 3. 4. Securi Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V Amount (A) or (D) Price (Instr. 3 an						ion(s)		(111301.4)				
		,	Table II - De (e.					quired, D s, optior					Owned				
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	Cod	nsaction le (Instr	5. Number 6.		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and of Securities Underlying Derivative S (Instr. 3 and			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Cod	ie V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Phantom Stock Units	(1)	12/31/2021		A		79.134		(2)		(2)	Common Stock	79.134	(2)	79.134	I	Lockheed Martin Directors Deferred Comp Plan	
Phantom Stock Units	(1)							(3)		(3)	Common Stock	82.4943		82.4943 <sup>(4</sup>	) I	Lockheed Martin Directors Equity Plan	

## **Explanation of Responses:**

- 1. Each share of phantom stock is the economic equivalent of one share of Lockheed Martin Corporation common stock.
- 2. The information pertains to phantom stock units acquired at \$355.41 per share through director retainer fee deferral under the Lockheed Martin Corporation Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled in cash upon the reporting person's retirement or termination of service.
- 3. The information pertains to previously acquired stock units under the Lockheed Martin Corporation Amended and Restated Directors Equity Plan exempt under Section 16(b). Settlement in cash or stock (as elected by the director) will occur upon the reporting person's retirement or termination of service, except that non-employee directors who have satisfied our stock ownership guidelines may elect to have payment of awards (together with any dividend equivalents thereon) made on the first business day of April following vesting of the award.
- 4. End of period holdings include additional acquisitions through dividend reinvestment.

John M. Donovan, by Kerri R. Morey, Attorney-in-fact

01/04/2022

\*\* Signature of Reporting Person

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.