FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burden										
ı	houre per recogness:	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>KUBASIK CHRISTOPHER E</u>			2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/16/2007							>	below)	Exec VF	belo		
(Street) BETHESDA MD 20817			4. If Amendment, Date of 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						
(City)	(State)	(Zip)										-			
			Table I - Non-	-Deriv	ative	Sec	curities A	cquire	d, Di	sposed	of, or B	eneficially (Owned			
Date				Saction 2A. Deemed Execution Date if any (Month/Day/Ye		ate, Transaction Di Code (Instr.		n Dispos	curities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5			S Ily Owned J Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Cod	le V	Amount (A) o			Transactio			(Instr. 4)
			Table II - D	eriva e.g., p	tive S uts, c	ecu calls	ırities Ac	quired, ts, opti	Dispons,	oosed o	f, or Bei	neficially O curities)	wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Deri Secu Acq Disp	umber of vative urities uired (A) or oosed of (D) tr. 3, 4 and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Owners Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)	n(s)	
Phantom Stock Units	(1)	01/16/2007		J ⁽²⁾			3,367.1838	(2)		(2)	Common Stock	3,367.1838	(2)	3,787.923	35 I	Lockheed Martin LTIP
Phantom Stock Units	(1)							(3)		(3)	Common Stock	11,623.159		11,623.15	59 I	Lockheed Martin DMICP
Phantom Stock Units	(1)							(4)		(4)	Common Stock	1,505.8891		1,505.889	91 I	Lockheed Martin Supplemental SSP

Explanation of Responses:

- 1. The phantom stock units convert on a 1 for 1 basis.
- 2. Settlement in cash of phantom stock units acquired pursuant to the Lockheed Martin Long Term Incentive Plan exempt under Section 16(b) at \$92.07 per share.
- 3. The information pertains to the phantom stock units acquired under the Lockheed Martin Deferred Management Incentive Compensation Plan exempt under Section 16(b) and will be settled in stock upon the reporting person's retirement or termination of service.
- 4. The information pertains to the phantom stock units acquired under the Lockheed Martin Supplemental Salaried Savings Plan exempt under Section 16(b) and will be settled upon the reporting person's retirement or

Remarks:

Christopher E. Kubasik, by

01/18/2007 David A. Dedman, Attorney-in-

Fact

** 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.