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
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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 Addres <u>KUBASIK C</u>	1 0		2. Issuer Name and Ticker or Trading Symbol <u>LOCKHEED MARTIN CORP</u> [LMT]	(Check	tionship of Reporting Perso all applicable) Director Officer (give title	on(s) to Issuer 10% Owner Other (specify				
(Last) 6801 ROCKLEI	(First) DGE DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/17/2006	X	below) Exec VP &	below)				
(Street) BETHESDA 	MD (State)	20817 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)		 Individual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

1. Title of Security (Instr. 3)	Date (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	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/Year)	4. Transa Code (8)		Deri Sec Acq Disp	umber of ivative urities uired (A) or posed of (D) tr. 3, 4 and	6. Date Exerc Expiration Da (Month/Day/\	ate	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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)		
Phantom Stock Units	(1)	01/17/2006		J ⁽²⁾			8,076.6539	(2)	(2)	Common Stock	8,076.6539	\$63.63	7,045.5351	I	Lockheed Martin LTIP
Phantom Stock Units	(1)							(3)	(3)	Common Stock	1,186.667		1,186.667	I	Lockheed Martin Supplemental SSP
Phantom Stock Units	(1)							(4)	(4)	Common Stock	7,635.776		7,635.776	I	Lockheed Martin DMICP

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).

3. 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 termination of service.

4. 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.

Remarks:

<u>Christopher E. Kubasik, by</u> David A. Dedman, Attorney-in- 01/19/2006

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.