FORM 4

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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 0.5

	Filed pursuant to Section 1	.6

Section 16. Forr obligations may Instruction 1(b).	continue. See		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	1	Estimated average burden hours per response:	0.5
			or Section 30(h) of the Investment Company Act of 1940	•		
1. Name and Addre <u>STEVENS R</u> (Last) 6801 ROCKLE	(First)	erson* (Middle)	2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT] 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2009	(Check all applicable X Director X Officer (giv below)	10% Own	
(Street) BETHESDA (City)	MD (State)	20817 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	X Form filed	/Group Filing (Check Applica by One Reporting Person by More than One Reporting	,
		Table I - Non-	Derivative Securities Acquired, Disposed of, or Bene	ficially Owned		

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Following Reported	(D) or Indirect	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 2. 3. Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10.												10	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any	4. Transa Code (8)		Deri Secu Acq Disp	vative vative urities uired (A) or oosed of (D) tr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)	01/15/2009		J (2)			19,933.2698	(2)	(2)	Common Stock	19,933.2698	(2)	40,560.3148	Ι	Lockheed Martin LTIP
Phantom Stock Units	(1)							(3)	(3)	Common Stock	211.8083		211.8083	Ι	Lockheed Martin DMICP
Phantom Stock Units	(1)							(4)	(4)	Common Stock	1,138.8152		1,138.8152	I	Lockheed Martin Supple- mental SSP

Explanation of Responses:

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

2. Settlement in cash of phantom stock units at \$84.08 per share, following a two-year mandatory deferral period, pursuant to the Lockheed Martin Long Term Incentive Plan exempt under Section 16(b).

3. End of period holding of 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. End of period holding of 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.

Remarks:

Robert J. Stevens, by David A. Dedman, Attorney-in-Fact

01/19/2009

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.

Date

** Signature of Reporting Person