FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

J	OMB APPROVAL											
Ì	OMB Number:	3235-0287										

0.5

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hours per response:

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

										,										
Name and Address of Reporting Person*     MCCORKINDALE DOUGLAS H						2. Issuer Name <b>and</b> Ticker or Trading Symbol LOCKHEED MARTIN CORP [ LMT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005										r (give title		Other (s below)			
(Street) BETHESDA MD 20817  (City) (State) (Zip)			4	Line) X F									ial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Ta	ble I - Non-l	Derivati	ve S	ecurities	s Ac	quired, D	ispos	ed c	of, or Be	neficia	lly Ov	vned						
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ins	on Dis				4 and 5) Securition Benefici Owned F		s .lly ollowing (	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Am	ount	(A) or (D) Price		Reported Transact (Instr. 3 a		on(s)					
			Table II - Do					uired, Dis , options,						ed						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Yea	4. Transactio Code (Inst		5. Number of Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)		able and 7. Title and a of Securities		and Amount rities ing ve Security		rice of vative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ition	Title	Amount or Number of Share	.		Transaction (Instr. 4)	on(s)				
Phantom Stock Units	(1)	09/30/2005		A	v	25.4346		(2)	(2)	)	Common Stock	25.434	<b>16</b> \$6	51.04	6,235.550	02	I	LM Directors Deferred Comp Plan		
Phantom Stock Units	(1)	09/30/2005		A		327.654		(3)	(3)	)	Common Stock	327.65	54 \$6	51.04	6,563.204	42	I	LM Directors Deferred Comp Plan		
Phantom Stock	(1)							(4)	(4)	)	Common Stock	15.575	57		3,818.53	17	I	LM Directors		

## **Explanation of Responses:**

- 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.
- 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:

David A. Dedman Attorney-in-

10/04/2005

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.