FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

Name and Address of Reporting Person* Lavan Maryanne						2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]								Officer (give title				Owner	
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/29/2020									X Officer (give title below) Other (specify below) SVP & General Counsel				
(Street) BETHESDA MD 20817 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)				Non-Deriv	ative	Sec	urities		guii	red, [Disposed	of, or	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						2A. Deemed Execution Date		3	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Am Secur Bener Owne		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								9	Code V		Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	20)			S		300	D	\$436.53	436.5383(1)		200.458	D						
Common Stock 01/29/2						0			S		1,800	D	\$434.5408(2)		4,4	100.458	D		
Common Stock 01/29/2020)			S		4,400	D	\$435.96	35.9633 ⁽³⁾		0.458	D		
Common Stock															77	1.6054	I	Lockheed Martin Salaried Savings Plan	
		Та	able	II - Derivat (e.g., p	ive S	ecuri	ities A warra	cqı nts	uired	d, Dis	posed of,	or Bo	eneficia curities	lly O	wned		,		
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year)			4. Transa Code (8)	ction	5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	nber tive ties red	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of		8. Pr Deri Sect (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. The price represents the weighted average sale price for multiple transactions reported on this line. Sale prices ranged from \$436.43 to \$436.6450. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sales price.
- 2. The price represents the weighted average sale price for multiple transactions reported on this line. Sale prices ranged from \$434.10 to \$434.99. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sales price.
- 3. The price represents the weighted average sale price for multiple transactions reported on this line. Sale prices ranged from \$435.4150 to \$436.3456. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sales price.

Maryanne R. Lavan, by Kerri 01/31/2020 R. Morey, 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.