SEC	Form 4	
-----	--------	--

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

J		
	OMB Number:	3235-0287
	Estimated average burden	
	hours per response:	0.5

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

1. Name and Address of Reporting Person* STEVENS ANNE					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)						
SIEVE	LINS AININ	<u>IE</u>											Х	Director			10% Ov	/ner	
														Officer (g	ive title		Other (s	pecify	
(Last)	(F	=irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
6801 ROCKLEDGE DRIVE					01/18/2005														
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
BETHESDA MD 20817													Х	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	()	State)	(Zip)															ig i ciccii	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					saction /Day/Year) 2A. Deemed Execution Date if any (Month/Day/Yea		n Date	Code (Instr.			red (A) or str. 3, 4 a	r ınd 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	Amount (A) or (D) P		ice	Reported 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)	ed 4. 5. Number of Derivative Code (Instr. Securities			() or f (D)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 3 and 4)					ing	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	e sally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun Numbe Shares	rof		(Instr. 4)				
Phantom Stock Units	(1)	01/18/2005		A		1,326.7292		(2)		(2)	Common Stock	1,326	.7292	\$56.53	2,817.	.354	I	Lockheed Martin Directors Equity Plan	
Phantom											Common							Lockheed Martin	

Explanation of Responses:

(1)

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

2. Under the Lockheed Martin Corporation Directors Equity Plan, each non-employee director elects to receive an award of stock options or phantom stock units or a combination of stock options and phantom stock units in accordance with the plan, which awards are exempt transactions under Rule 16b-3. Settlement in cash or stock (as elected by the holder) will occur upon the reporting person's retirement or termination of service. 3. The information pertains to phantom stock units acquired 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)

## **Remarks:**

Stock

Units

David A. Dedman Attorney-in-**Fact** 

2,886.95

Commo

Stock

(3)

01/19/2005

2,886.95

T

Directors

Deferred Comp Plan

\*\* 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.