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

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

			01 380		resument Com	party Act 01 1940					
1. Name and Address of Reporting Person* <u>Possenriede Kenneth R</u>				Name and Ticker of KHEED MAR				tionship of Reporting all applicable) Director Officer (give title	10% C		
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE				of Earliest Transacti 1015	on (Month/Da	//Year)		below) below Vice President & Treasure			
(Street) BETHESDA MD 20817 (City) (State) (Zip)				endment, Date of Or	riginal Filed (N	lonth/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I - No	n-Derivative S	ecurities Acqu	uired, Disp	osed of, or Benefici	ially O	wned			
1. Title of Security (Instr. 3) 2. Tran				2A. Deemed	3.	4. Securities Acquired (A) of	or	5. Amount of	6. Ownership	7. Nature of	

	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr.					Securities Beneficially Owned Following Reported Transaction(s)		Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1150.4)	
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 Secu Acq Disp	umber of vative urities uired (A) or iosed of (D) ir. 3, 4 and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		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		(Instr. 4)		
Phantom Stock Units	(1)	01/14/2015		J ⁽²⁾			2,018.6698	(2)	(2)	Common Stock	2,018.6698	(2)	0.0000	I	Lockheed Martin LTIP
Phantom Stock Units	(1)							(3)	(3)	Common Stock	1,412.0224		1,412.0224 ⁽⁴⁾	I	LM Supplemental SSP
Phantom Stock Units	(1)							(5)	(5)	Common Stock	1,621.3898		1,621.3898 ⁽⁴⁾	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 at \$192.57 per share, following a two-year mandatory deferral period, pursuant to the Lockheed Martin Long Term Incentive Plan exempt under Section 16(b).

3. Phantom stock units acquired under the Lockheed Martin Supplemental Salaried Savings Plan exempt under Section 16(b) which will be settled upon the reporting person's retirement or termination of service. The phantom stock units convert on a one-for-one basis.

4. End of period holdings include phantom stock units acquired through dividend reinvestment.

5. Phantom stock units acquired under the Lockheed Martin Deferred Management Incentive Compensation Plan exempt under Section 16(b) which will be settled upon the reporting person's retirement or termination of service. The phantom stock units convert on a one-for-one basis



Fact

01/16/2015

** Signature of Reporting Person

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