FORM 4

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

Washington, [	D.C. 20549
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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).	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*     Lightfoot Robert M JR					2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [ LMT ]									k all app Direc	ationship of Reporti (all applicable) Director		10% (	)wner	
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024									Officer (give title below)  Presid			below	(specify		
(Street) BETHESDA MD 20817				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City) (State) (Zip)				$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Non-Deriva	ative \$	Secu	rities	Acq	uired,	Dis	posed	of, o	r Benefi	ciall	y Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Exe r) if ar	2A. Deemed Execution Da if any (Month/Day/		Cod	Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr.			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Cod	e V	Amo	ount (	A) or D)	or Price		Reported Transaction(s) (Instr. 3 and 4)						
Common Stock			03/05/2024			S		51	11.15	D	\$433.59	945 <sup>(1)</sup>	0.0000			D			
Common													163.9915(2)		I	Lockheed Martin Salaried Savings Plan			
	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)	rivative Conversion Date Execution Date, turity or Exercise (Month/Day/Year) if any Cod			Transa Code (	Fransaction of Code (Instr. Deriva		rative rities ired r osed )	Expirati	ion Da	Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code V (A) (E			(D)	Date Exercis	ate Expiration xercisable Date		n Tit	or Number of	er						

## **Explanation of Responses:**

- 1. The price represents the weighted average price for multiple transactions reported on this line. Prices ranged from \$433.1100 to \$434.0500, inclusive. 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 price.
- 2. Holdings as of reportable transaction date include acquisitions under the company's 401(k) plan.

Robert M. Lightfoot, Jr., by John E. Stevens, Attorney-in-

03/07/2024

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\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.