FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. | 20549 | | |
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| | OMB APPROVAL |

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0.5

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

| 1. Name and Address of Reporting Person* RALSTON JOSEPH W | | | | | 2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT] | | | | | | | | | | Person | 10% Ow | ner | |
|--|--|--|---|--|--|--|---------------------------------------|--|--|--------------------|--|--|------------------------|---|---|---|---|--|
| (Last) (First) (Middle) 6801 ROCKLEDGE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2006 | | | | | | | | Officer (gi below) | ive title | | Other (s below) | oecify | |
| (Street) BETHESDA MD 20817 | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | ate | Saction 2A. Deemed Execution Date, if any (Month/Day/Year) | | n Date | e, Transaction Dispos Code (Instr. | | irities Acquired (A) or ed Of (D) (Instr. 3, 4 an | | | | | 6. Own Form: (D) or I (I) (Inst | Direct I ndirect I tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Cod | de V | Amoun | t (A) or (D) | | Price | Transaction (Instr. 3 and | | | | msu. 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) | Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | ve es ally eg d | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | | unt or ber of es | | (Instr. 4) | | | |
| Phantom Stock Units | (1) | 01/17/2006 | | A | | 1,369.4461 | | (2) | | (2) | Common Stock | 1,36 | 69.4461 | \$65.72 | 5,302.3 | 3285 | I | Lockheed Martin Directors Equity Plan |

Explanation of Responses:

- 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.

Remarks:

<u>Joseph W. Ralston, by David A.</u> <u>Dedman, Attorney-in-Fact</u>

01/19/2006

** 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.