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

OMB APPROVAL									
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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*			2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [ LMT ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KUBASIK CHRISTOPHER E		IER E			Director	10% Owner					
(Last) (First) (Mic 6801 ROCKLEDGE DRIVE			—	X	Officer (give title below)	Other (specify below)					
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/15/2009		Exec V	,					
(Street) BETHESDA	MD	20817	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

## Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned l able i

1. Title of Security (Instr. 3)	Date (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 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)		Derivative				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	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)	01/15/2009		J <sup>(2)</sup>			3,727.5216	(2)	(2)	Common Stock	3,727.5216	(2)	16,016.978	Ι	Lockheed Martin LTIP
Phantom Stock Units	(1)							(3)	(3)	Common Stock	14,958.7516		14,958.7516	I	Lockheed Martin DMICP
Phantom Stock Units	(1)							(4)	(4)	Common Stock	417.9269		417.9269	I	Lockheed Martin Supple- mental SSP

Explanation of Responses:

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

2. Settlement in cash of phantom stock units at \$84.08 per share, following a two-year mandatory deferral period, pursuant to the Lockheed Martin Long Term Incentive Plan exempt under Section 16(b).

3. End of period holding of phantom stock units acquired under the Lockheed Martin Deferred Management Incentive Compensation Plan exempt under Section 16(b) and will be settled in stock upon the reporting person's retirement or termination of service.

4. End of period holding of phantom stock units acquired under the Lockheed Martin Supplemental Salaried Savings Plan exempt under Section 16(b) and will be settled upon the reporting person's retirement or termination of service.

**Remarks:** 

Christopher E. Kubasik, by <u>01/19/200</u>9 David A. Dedman, Attorney-in-Fact 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.

\*\* Signature of Reporting Person