FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

- 1	
- 1	OMB APPROVAL
- 1	

hours per response

OMB Number: 3235-0287 Estimated average burden

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* BURRITT DAVID B					2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [ LMT ]									ionship of Reporting Perso all applicable) Director Officer (give title below)		erson(s) to Issuer 10% Owner	
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/30/2018											Other (s	pecify
(Street) BETHESDA MD 20817					4. If Amendment, Date of Original Filed (Month/Day/Year)								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)														
		-	Γable Ι - Non- <b>Γ</b>	Periva	tive S	Securitie	es A	cquired,	Disp	osed	of, or B	eneficially (	Owned				
Da				Transac ate lonth/Da		Executio if any	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficially Owned Fol	,	6. Own Form: (D) or I (I) (Inst	Direct Indirect Er. 4)	7. Nature of Indirect Beneficial Ownership
									v	Amoun	t (A)	or Price	Reported Transaction (Instr. 3 and				(Instr. 4)
			Table II - De (e.					quired, D ts, optior					vned				
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)	Code (Instr. 8)		5. Number Derivative Securities Acquired or Dispos of (D) (Ins 4 and 5)	(A) ed	Expiration	5. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Numbe derivative Securities Beneficial Owned Following Reported	Ownersh S Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
Phantom Stock Units	(1)	03/30/2018		A		114.6687		(2)		(2)	Common Stock	114.6687	(2)	6,183.199	92 <sup>(3)</sup>	I	Lockheed Martin Directors Deferred Comp Plan
Phantom Stock Units	(1)							(4)		(4)	Common Stock	8,440.6419		8,440.641	19 <sup>(3)</sup>	I	Lockheed Martin Directors

## **Explanation of Responses:**

- 1. The stock units convert on a 1-for-1 basis.
- 2. The information pertains to phantom stock units acquired at \$337.93 per share through director retainer fee deferral under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled in cash upon the reporting person's retirement or termination of service.
- 3. End of period holdings include additional acquisitions through dividend reinvestment.
- 4. The information pertains to previously acquired stock units under the plan exempt under Section 16(b) which will be settled upon the reporting person's retirement or termination of service.

<u>David B. Burritt, by Marian S.</u> <u>Block, Attorney-in-fact</u> <u>04/03/2018</u>

\*\* 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.