FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

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* HEWSON MARILLYN A						2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]									of Reporting cable) or (give title	10% Owner		vner	
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2010									X Officer (give title Other (specify below) Executive Vice President					
(Street) BETHESDA MD			20817		4. If Amendment, Date of Original Filed (Month/Day/Year)							ay/Year)	6. I	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																			
				2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Dat if any (Month/Day/Ye		Code (Ir					Benefici Followir	es ally Owned g Reported	Form (D) o	Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amour	nt (A) or) Price	Transac (Instr. 3				(Instr. 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)		Deri Sec Acq or D (D) (Derivative		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)		lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exe	e rcisable	Exp Date	iration e	Title	Amount or Number of Shares		(Instr. 4)	Jii(S)			
Phantom Stock Units	\$0 ⁽¹⁾	01/15/2010		J ⁽²⁾			3,444.044	(2)		(2)		Common Stock	3,444.044	\$0 ⁽²⁾	8,313.561	12 ⁽³⁾	I	Lockheed Martin LTIP	
Phantom Stock Units	(1)							(4)		(4)		Common Stock	391.5483		391.5483	3 ⁽³⁾	I	LM Supplemental SSP	
Phantom Stock Units	(1)								(5)		(5)	Common Stock	2,368.410	7	2,368.410)7 ⁽³⁾	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 \$75.35 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 holdings include additional phantom stock units acquired through dividend reinvestment under the Plan.
- 4. Phantom stock units previously 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.
- 5. Phantom stock units previously acquired under the Lockheed Martin Deferred Management Incentive Compensation Plan exempt under Section 16(b) which will be settled in stock upon the reporting person's retirement or termination of service

Remarks:

Marillyn A. Hewson, by David A. Dedman, Attorney-in-Fact

01/20/2010

** 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.