| SEC | Form | 4 |
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

| | | | of Section 30(n) of the investment Company Act of 1940 | | | | |
|---|--|-----------------|---|------------------------|---|------------------------------------|--|
| 1. Name and Address of Reporting Person [*] COFFMAN VANCE D | | | 2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT] | | ationship of Reporting Person(s) to Issuer < all applicable) Director 10% Owner | | |
| (Last) 6801 ROCKLE | st) (First) (Middle) 01 ROCKLEDGE DRIVE | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2004 | x | Officer (give title below) Chairman an | Other (specify below) ad CEO | |
| (Street) BETHESDA | MD | 20817 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/02/2004 | 6. Indiv Line) X | /idual or Joint/Group Filir Form filed by One Re Form filed by More that | porting Person | |
| (City) | (State) | (Zip) | | | Person | | |
| | | Table I - Non-I | Derivative Securities Acquired, Disposed of, or Ben | eficially (| Owned | | |
| • | | 1 | 1 1 1 | | | 1 | |

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--------------------------|-----------------------------|---|--------|---------------|-------|---|---|---|--|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (cigi, puls, build, marano, options, contentible 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 | | 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) | 9. Number of derivative Securities Beneficially Owned Following Reported | 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 | | Transaction(s) (Instr. 4) | | |
| Non- Qualified Stock Option (Right to buy) | \$49.27 | 01/29/2004 | | A | | 375,000 | | (1) | 01/28/2014 | Common Stock | 375,000 | \$0 | 375,000 | D | |

Explanation of Responses:

1. Effective June 23, 2004, the original award agreement for the reporting person was amended to allow for continued vesting during retirement. The amendment did not modify the exercise price or the expiration date. The options continue to vest over three years, one-third on each of the first, second and third anniversaries of the grant date, beginning on January 29, 2005.

Remarks:

David A. Dedman Attorney-in-06/25/2004 <u>fact</u>

** 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.