FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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								5. Relationship of Reporting Person(s) to Issuer						
Barbour Sondra L						LOCKHEED MARTIN CORP [LMT]								Check all D	applica irector	,	10% Owner			
						2. Data of Farlingt Transportion (March/Day/Vacc)									fficer (give title		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2015									,	cutive \	/ice Pı	,		
6801 ROCKLEDGE DRIVE																				
(Street)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
BETHESDA MD 20817														X Form filed by One Reporting Person						
(City) (State) (Zip)					-										Form filed by More than One Reporting Person					
(City)	(5		(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exer) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			d 5) 5. Amount Securities Beneficial Owned Fo Reported		ly	6. Own Form: (D) or I (I) (Inst	Direct I Indirect E tr. 4)	7. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Trai	orted isactio tr. 3 an	on(s) nd 4)		(Instr. 4)	
Common	01/30/	01/30/2015				M		3,406	A	\$0(1)	9,289.212		D						
Common Stock 01/30/2					/2015	015					1,501(2)	D	\$188	.37	7,788.212		D			
Common Stock														8	94.30)02 ⁽³⁾			By Spouse	
Common Stock														:	39.334		I		Lockheed Martin Salaried	
																			Savings Plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Conversion or Exercise Price of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of 2. Conversion Date (Month/Day/Year) 1. Transaction Date Execution if any (Month/Day/Year)			ned 4. n Date, Transact Code (In			5. Number tion of		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Deriva Securi (Instr.	rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares	r						
Restricted Stock	(1)	01/30/2015			M			3,406	(1)		01/30/2015	Common	3,406	(1)		0.000	0	D		

Explanation of Responses:

- 1. Each restricted stock unit granted on January 30, 2012 was the economic equivalent of one share of LMT common stock.
- 2. Disposition to the Issuer of shares to satisfy the Reporting Person's tax withholding obligation upon vesting of restricted stock units which is exempt under Rule 16b-3.
- 3. End of period holdings include additional shares acquired through dividend reinvestment.

Sondra L. Barbour, by Marian 02/03/2015 S. Block, Attorney-in-fact

** 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.