FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPRO	VAL							
OMB Number:	3235-0287							
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hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* <u>STEVENS ANNE</u>					2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]									tionship of Reporting F all applicable) Director		Persor	Person(s) to Issuer 10% Owner	
(Last) 6801 RC	(F CKLEDGE	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2005									Officer (g below)	give title		Other (spelow)	pecify
(Street) BETHESDA MD 20817 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting													
			able I - Non-D					-	Disp					1	. 1		1.	
Date of Section (means)		Da	Transaction ate lonth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (II			ırities Acqu ed Of (D) (lı		and 5) Securitie Benefici Owned F		y	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code			v	Amour	Amount (A)		ice	Reported Transactio (Instr. 3 an						
			Table II - De (e.	rivati g., pu	ve Se ts, ca	curities Ils, wai	Ac rran	quired, D	ispo s, co	sed o	of, or Be	neficia curities	lly O	wned				
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)	action	5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun Securities Underly Derivative Security (Instr. 3 and 4)		t of ng	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficie Owned Followin Reported	e Owners Form: Direct (I or Indirect I	Ownership	Beneficial Ownership ct (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expi Date	iration	Title	Amount Number Shares			Transaction(s (Instr. 4)	on(s)		
Phantom Stock Units	(1)	03/31/2005		A	v	11.82		(2)		(2)	Common Stock	11.8	32	\$61.06	2,898.7	77	I	LM Directors Deferred Comp Plan
Phantom Stock Units	(1)	03/31/2005		A		307.075		(3)		(3)	Common Stock	307.0	075	\$61.06	3,205.8	345	I	LM Directors Deferred Comp Plan
Phantom Stock Units	(1)							(4)		(4)	Common Stock	2,828.	8892		2,828.88	892	I	LM Directors

Explanation of Responses:

- 1. The phantom stock units convert on a 1 for 1 basis.
- 2. The information pertains to phantom stock units acquired through dividend reinvestment under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service.
- 3. The information pertains to phantom stock units acquired through Director retainer fee deferral under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service
- 4. The information pertains to the phantom stock units acquired under the Lockheed Martin Directors Equity Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or termination of service.

Remarks:

David A. Dedman Attorney-in-04/04/2005 **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.