FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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* KUBASIK CHRISTOPHER E (Last) (First) (Middle) 6801 ROCKLEDGE DRIVE | | | | | 2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT] | | | | | | | | | (Che | ck all applic | or | | son(s) to Iss 10% O Other (s | wner | |
|--|---|--|--|----------|---|--|-------------------------------|--------|--|------|--------------|---------------------|---|--------------------------------|--|---|---|---|--|---|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2007 | | | | | | | | y | below) | | below) Vice President | | Jecny | | |
| (Street) BETHES (City) | | ID state) | 20817 (Zip) | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Gr. Line) X Form filed by the Person | | | | | | | | | | | | e Repo | n | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans | ansaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | | | | | or | 5. Amoun Securities Beneficia Owned Fo | nt of s ally ollowing | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | v | 1 | Amount (A) o | | r Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 08/3 | 1/200 | 7 | | | М | | | 20,000 |) A | \$ | 50.4 | 44, | 44,144 D | | | |
| Common | Stock | | | 08/3 | 1/200 | 7 | | | S | | | 18,000 |) D | \$ | 100 | 26,1 | 44 ⁽¹⁾ | D | | |
| Common | mon Stock | | | | | | | | | | | | | | 1,033.6877 | | I | | Lockheed Martin Salaried Savings Plan | |
| | | | Table II - | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e C s F ully C o | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Ex Da | piration ate | Title | Amo or Num of Shar | ber | | | | | |
| Employee Stock Option (Right to | \$50.4 | 08/31/2007 | | | M | | | 20,000 | (2) | | 01/ | /29/2012 | Commor Stock | 20,0 | 000 | \$0 | 20,00 | 00 | D | |

Explanation of Responses:

- $1. \ Mr. \ Kubasik \ increased \ the \ amount \ of \ securities \ that \ he \ beneficially \ owns \ by \ 2,000 \ in \ connection \ with \ the \ reported \ transactions.$
- 2. The options vested over two years, one-half on each of the first and second anniversaries of the grant date, beginning on January 29, 2003.

Remarks:

Christopher E. Kubasik, by David A. Dedman, Attorney-in- 09/05/2007 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.