FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

shington, D.	C. 20549								=

	OMB APPROVAL										
	OMB Number:	3235-0287									
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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)

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* MCCORKINDALE DOUGLAS H								ker or Trading ARTIN (ck all applica	,		n(s) to Issue 10% Ow		
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE				3. Date 01/18/		Trans	saction (Mont	h/Da	y/Year)		Officer (below)	give title		Other (s below)	pecify		
(Street) BETHESDA MD 20817				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)															
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deem Execution if any (Month/Da	ed 1 Date	3. Transactio Code (Inst		4. Securities Acquir on Disposed Of (D) (Ins		ed (A) or	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code V		Amount	(A) ((D)	Price	Transaction(s) (Instr. 3 and 4)				1115(1.4)	
			Table II - De					quired, Dis s, options					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)		5. Number Derivative Securities Acquired or Dispos of (D) (Ins: 4 and 5)	vative Expirati (Month/) isposed (Instr. 3,		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Securities Uperivative S (Instr. 3 and			Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Ex _I	piration te	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)		
Phantom Stock Units	(1)	01/18/2005		A		663.3646		(2)		(2)	Common Stock	663.3646	\$56.53	3,772.91	139	I	Lockheed Martin Directors Equity Plan
Non- Qualified Stock Option (right to buy)	\$56.53	01/18/2005		A		2,718		01/18/2006	01/	17/2015	Common Stock	2,718	\$56.53	2,718	1	D	
Phantom Stock Units	(1)							(3)		(3)	Common Stock	5,528.965		5,528.90	65	I	Lockheed Martin Directors Deferred Comp Plan

Explanation of Responses:

- 1. The phantom stock units convert on a 1 for 1 basis
- 2. Under the Lockheed Martin Corporation Directors Equity Plan, each non-employee director elects to receive an award of stock options or phantom stock units or a combination of stock options and phantom stock units in accordance with the plan, which awards are exempt transactions under Rule 16b-3. Settlement in cash or stock (as elected by the holder) will occur upon the reporting person's retirement or termination of
- 3. The information pertains to phantom stock units acquired under the Lockheed Martin Directors Deferred Compensation Plan exempt under Section 16(b). Units are settled upon the reporting person's retirement or

Remarks:

David A. Dedman Attorney-in-**Fact**

01/19/2005

** 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.