FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Lavan Maryanne				2. Issuer Name and Ticker or Trading Symbol LOCKHEED MARTIN CORP [LMT]										5. Relationship of Reporting (Check all applicable) Director Officer (give title				10% C	
(Last) (First) (Middle) 6801 ROCKLEDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2023									X Officer (give title Officer (specify below) SVP & General Counsel						
(Street) BETHESDA MD 20817 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Non-Deriva	tive \$	Secu	rities	Acq	uired	, Dis	posed	of, c	or B	enefic	ially	own	ed			
Date			2. Transaction Date (Month/Day/Yea	2A. Deem Execution if any (Month/D		Date,	3. Transaction Code (Instr. 8)								5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Cod	e V	Am	Amount (A)					Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 03/02/20			03/02/2023				S			54	D	\$478.0		8	4,500			D	
Common Stock 03			03/02/2023				S			900	D	D \$477.4		39 ⁽¹⁾	3,600			D	
Common Stock 03/02/20			03/02/2023				S		3	3,600 D		\$4	\$476.4715(2)		0.0000		D		
Common Stock															39.9	9828 ⁽³⁾		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 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. Nu	mber rative rities ired r osed)	6. Date Expirat	Date Exercisable and piration Date Amoun onth/Day/Year) Securit Underly Derivat				and nt of ties lying tive ty (Instr.	8. F Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	Expiration Sable Date Tit				Amount or Number of Shares						

Explanation of Responses:

- 1. The price represents the weighted average price for multiple transactions reported on this line. Prices ranged from \$476.9600 to \$477.8700, inclusive. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.
- 2. The price represents the weighted average price for multiple transactions reported on this line. Prices ranged from \$475.9300 to \$476.8800, inclusive. Reporting Person will provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.
- 3. Holdings as of reportable transaction date include acquisitions under the company's 401(k) plan.

Maryanne R. Lavan, by Kerri R. Morey, Attorney-in-fact

03/03/2023

** 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.