FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  MYERS RICHARD B  2. Date of Event Requiring Statement (Month/Day/Year) 03/14/2006			nent	3. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ [ NOC ]							
(Last) 1840 CENTU	(First) RY PARK EAS	(Middle)				ationship of Reporting Perso ( all applicable) Director	son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LOS ANGELES (City)	CA (State)	90067 (Zip)				Officer (give title below)	Other (spe below)	cify		cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
See footnote. <sup>(1)</sup>						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	and 3. Title and Amount of Secu Underlying Derivative Secu		rity (Instr. 4) Conv		rcise	5. Ownership Form:	(Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	9	Amount or Number of Shares	Price of Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)	

## Explanation of Responses:

1. New Reporting Person of Issuer. Owns no securities of Issuer.

/s/ Kathleen M. Salmas, 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 5 (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.