FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| OMB APP | ROVAL |
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| OMB Number: | 2225 02 |

287 Estimated average burden 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* Pamiljans Janis G | | | | | NC | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | | 5. Relationship of Repo (Check all applicable) Director X Officer (give tit | | | 10% (| ssuer Owner (specify |
|---|---|-----------------------------------|--|--|---|---|--------|--|--------|---|---|---------|--------------|--|---|---|--|--|--|
| (Last) 2980 FAI | (Fi | rst) (ARK DRIVE | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2018 | | | | | | | | | | | | below | 1) |
| (Street) FALLS CHURCI | | | 22042 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Fil Line) X Form filed by One Reference to the Person | | | | | | | | | | | ne Re | eporting Per | son | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | Benefi | ciall | y Own | ed | | | |
| Date | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5) | | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common | Stock | | 02/26/2018 s 849 ⁽¹⁾ D \$353.2 8,245.15 | | | | | D | | | | | | | | | | | |
| Common Stock | | | | | | | | | | | | | | 6,20 | | 203.8677 | | I | Held in Northrop Grumman Savings & Investment Plan ⁽²⁾ |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) if any (Month | | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | 3 De Se (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e C S Illy C O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date | abla | Expiration | Title | or Number | er | | | | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. Held in the Northrop Grumman Savings and Investment Plan (the "Plan"), a qualified profit sharing plan, as of February 26, 2018. Share totals with respect to the Plan are based upon unit accounting and therefore may reflect a decrease in units attributable to an individual though no disposition occurred.

/s/ Jennifer C. McGarey, Attorney-in-Fact

02/27/2018

** 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.