FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|             |      |       |  |

| 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

| 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*  Addison Ann M  (Last) (First) (Middle)  2980 FAIRVIEW PARK DRIVE  (Street)  FALLS CHURCH  VA  22042 |   |  |                |   |  | Issuer Name and Ticker or Trading Symbol     NORTHROP GRUMMAN CORP /DE/ [     NOC ]  3. Date of Earliest Transaction (Month/Day/Year)     03/10/2021  4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                                |  |                     |   |               |   | r) (                            | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner       White Composition (Check all applicable)      Corp VP & Chief HR Officer      S. Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person |  |                     |  |  |  |
|---|---|--|----------------|---|--|--|---|--------------------------------|--|---------------------|---|---------------|---|---------------------------------|---|--|---------------------|--|--|--|
| (City)  | (St   | ate) (Z                                    | Zip)           |   |  |  |   |                                |  |                     |   |               | Form filed by More than One Reporting<br>Person   |                                 |   |  |                     |  |  |  |
|   |   | Table                                      | I - N          | lon-Deriva  | tive   | Secui  | rities                                  | Acc                            | quire  | ed, C               | Disp  | osed c        | of, or  | Benefic                         | cial  | ly Own   | ed                  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye  |   |  | ar) if         | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | Ti<br>C  | 3.<br>Transaction<br>Code (Instr.<br>8) |                                | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 an |                     |   |               | 5)  | Beneficially<br>Owned Following |   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)   |                     | 7. Nature of Indirect Beneficial Ownership                                       |  |  |
|   |   |  |                |   |  |  | С                                       | ode                            | v  | Amo                 | ount  | (A) or<br>(D) | Price   |                                 | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  | (Instr. 4)          |  | (Instr. 4)                               |  |
| Common  | Stock   |  |                | 03/10/202   | 1  | L  |   |                                | S  |                     | g   | 955           | D   | \$299.7                         | 81  | 3,704.8  |                     | D  |  |  |
| Common Stock  |   |  |                |   |  |  |   |                                |  |                     |   |               |   | 148.9682                        |   | I  |                     | Held in<br>Northrop<br>Grumman<br>Savings &<br>Investment<br>Plan <sup>(1)</sup> |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |   |  |                |   |  |  |   |                                |  |                     |   |               |   |                                 |   |  |                     |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Exec<br>if any | Deemed<br>sution Date,<br>y<br>tth/Day/Year)                | 4. Transaction Code (Instr. 8) 5. Num of Derivat Securit Acquir (A) or Disposo of (D) (Instr. and 5) |  |   | ative<br>rities<br>ired<br>sed | Exp<br>(Mo   | oiratior<br>onth/Da | Date Amo<br>gy/Year) Sect<br>Undd<br>Deriv<br>Sect<br>3 and |               | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Shares |                                 | . Price of<br>erivative<br>ecurity<br>nstr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transact<br>(Instr. 4) | e<br>s<br>ally<br>g | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr.                 | Beneficial<br>Ownership<br>ct (Instr. 4) |  |

## **Explanation of Responses:**

1. Held in the Northrop Grumman Savings Plan (the Plan), a qualified defined contribution plan, as of March 10, 2021. Share totals with respect to the Plan are based upon unit accounting and therefore may reflect a change in units attributable to an individual though no acquisition or disposition occurred.

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

03/12/2021

\*\* Signature of Reporting Person

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.