## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549
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STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPE	ROVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours por rosponso:	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*  Peppard Denise M.			<u>N</u>	2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ [ NOC ]								Check	all applic Directo	able)	g Pers	on(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) 2980 FAIRVIEW PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019								X	below)	Corp Vic	e Pres	below)		
(Street) FALLS CHURC (City)			22042 (Zip)		4.	If Ame	endme	nt, Date o	of Original	Filed	d (Month/Da	y/Year)		Indiv ne) X	Form fi	led by One led by Mor	Repo	(Check Aporting Person	n
,	`	-		n-Deri	ivativ	e Se	curi	ties Ac	auired.	Dis	sposed o	f. or Ber	neficia	llv	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			saction	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			l (A) or	or 5. Amo and 5) Securit Benefic		nt of s ally following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(113111 4)		
Common Stock 02/19/2				/2019	019 <sup>(1)</sup>		М		2,801(2)	) A	\$0.00	000 28,9		911.22		D			
Common	Stock			02/19	)/2019	2019(1)		F		1,264(3)	) <b>D</b>	\$287	.35	27,647.22			D		
			Table II -								osed of, convertib				wned		,		
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercion Price of Derivative Security		kercise (Month/Day/Year) e of vative		ed Date, y/Year)	Code (Insti				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Prid Deriva Secur (Instr.		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	er		(Instr. 4)	ion(s)		
Restricted Stock	(4)	02/19/2019			M			2,801 <sup>(2)</sup>	(4)		(2)	Common Stock	2,801		\$0.0000	3,795 <sup>(</sup>	5)	D	

## **Explanation of Responses:**

- 1. In accordance with the terms of the 2011 Long-Term Incentive Stock Plan ("LTISP"), because the third anniversary of the grant (February 17, 2019) fell on a weekend, the award shares vested on February 19, 2019, the next business day. The vested award shares were valued based on the Company's closing stock price on February 19, 2019. The shares will be distributed into the participant's account on February 20,
- 2. Shares issued upon vesting of Restricted Stock Rights ("RSRs") granted under the LTISP on 2/17/16 that vested on 2/19/19.
- 3. Shares surrendered to issuer in payment of tax liability in connection with vesting of RSRs in accordance with Rule 16b-3(e).
- 4. Each RSR represents a contingent right to receive an equivalent number of shares of Issuer common stock, or, at the election of the Issuer's Compensation Committee, cash or a combination of cash and Issuer common stock
- 5. Total amount includes 1,626 RSRs granted under the LTISP on 2/13/18 that will vest on 2/13/21; and 2,169 RSRs granted under the LTISP on 2/17/17 that will vest on 2/17/20.

/s/ Jennifer C. McGarey, 02/21/2019 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 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.