FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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* PETERS AULANA L | | | | | | NO | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | | elationshi ck all app Direc | , | | . , | Issuer Owner | |
|--|--|--------|--|----------|------------------------------|------------------------------|--|---|---|--|---|-----------------------|--|-----------------------------------|--------------------------|---|--|---|--|---------------------------------------|--|
| (Last) 1840 CE | | (First | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2010 | | | | | | | | | cer (give title w) | | Other (specify below) | | |
| (Street) LOS ANd (City) | LOS ANGELES CA 90067 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Forn | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | and 5) Securit | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | Amount | (A) oi (D) | Pric | е | Transac (Instr. 3 | tion(s) | | | (111501.4) | | | | | | |
| Common Stock 09/3 | | | | | 09/30/2 | :010 | | | | J ⁽¹⁾ | | 605(1) | A | \$13 | 2,109 | (| 0(2) | | | See footnote. ⁽²⁾ | |
| Common | Common Stock | | | | | | | | | | | | | | 12,475 | | | D | | | |
| | | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | on [| 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

- 1. Shares of common stock deferred into stock unit account, including dividends, pursuant to the 1993 Stock Plan for Non-Employee Directors in a transaction exempt pursuant to Rule 16b-3.
- $2. \ Represents \ shares \ of \ common \ stock \ held \ in \ a \ stock \ unit \ account \ pursuant \ to \ the \ 1993 \ Stock \ Plan \ for \ Non-Employee \ Directors$

/s/ Kathleen M. Salmas,

Attorney-in-fact for Aulana L. 09/30/2010

Peters

** 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.