Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| OMB APP | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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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* WELSH MARK A III | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | k all app Direc | tor | ng Pei | 10% O | wner | | | |
|---|---|--|-----------------|--|---|--|--------------------------------------|--|----------------------|---|-----------------------|---|---|--|----------------------|--|--|-------------|----|
| (Last) (First) (Middle) 2980 FAIRVIEW PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021 | | | | | | | | Office below | er (give title v) | | Other (below) | specify | | |
| (Street) FALLS CHURC | H VA | . 2 | 2042 | | 4. If A | Amend | ment, | Date o | of Origina | al File | d (Month/Da | ay/Year |) | 6. Indi Line) X | Form | r Joint/Grou filed by On filed by Mo | e Rep | orting Pers | on |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | 3enef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Secur Benet | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ction(s) 3 and 4) | | | (111311. 4) | |
| Common Stock 05/19/2 | | | | 2021 | | A ⁽¹⁾ | | 458(1) | A | \$ | 370.9 | 70.9 2,974 ⁽²⁾ | | | D | | | | |
| | | Tal | | | | | | | , | | osed of, convertib | | | • | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Sei (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. Represents shares of common stock deferred into a stock unit account pursuant to the Northrop Grumman 2011 Long-Term Incentive Stock Plan (the "Plan") in a transaction exempt pursuant to Rule
- 2. Represents shares of common stock, including dividends, held in a stock unit account pursuant to the Plan. Dividends earned on shares held in the stock unit account were exempt from Section 16 and not reportable under Rule 16a-11.

Remarks:

/s/ Jennifer C. McGarey, 05/21/2021 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.