INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*
   Northrop Grumman Corporation
   1840 Century Park East
   Los Angeles, California 90067

2. Date of Event Requiring Statement (Month/Day/Year)
   8/24/00

3. IRS Identification Number of Reporting Person, if an Entity
   (voluntary) 95-1055798

4. Issuer Name and Ticker or Trading Symbol
   Comptek Research, Inc. ("CTK")

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   ___ Director    ___ Officer             _X_ 10% Owner    ___ Other
   (give title below)                       (specify below)

6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check Applicable Line)
   ____ Form filed by One Reporting Person
   __X__ Form filed by More than One Reporting Person

TABLE I--NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Amount of Securities Beneficially Owned</th>
<th>Ownership Form:</th>
<th>Nature of Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value</td>
<td>5,876,589</td>
<td>I</td>
<td>Through Yavapai Acquisition, Corp. (a wholly owned subsidiary of Northrop Grumman Corporation)</td>
</tr>
</tbody>
</table>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
### Derivative Security

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership or Form of Beneficial Ownership (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

**None**

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/s/  9-6-00

Name: John H. Mullan  Date

Title: Corporate Vice President and Secretary

**Explanation of Responses:**

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).


**Note:** File three copies of this Form, one of which must be manually signed. If space is insufficient, Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

See Instruction 6 for procedure.