FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
|-----------------|------|--------|
| vvasiliilytuii, | D.C. | 20049 |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPR | JAVC |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bure | den |
| 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

| Name and Address of Reporting Person* SCHOEWE THOMAS M | | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | | | all app | | | 10% C | wner | |
|--|--|--|-------------------------|------------|--|---|--|-------------------------------------|--|---|--------------------|---|--------------------|----------|------------------------|--|---|--|-----------------|----------|
| (Last) 2980 FA | (First) (Middle) AIRVIEW PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2011 | | | | | | | | \dashv | | belov | er (give title w) | | otner below) | (specify |
| (Street) FALLS CHURC: | | | 22042 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | r) | | . Indivine) | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | Date (Month/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bene | | icially d Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect lirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | | Transa | Transaction(s) (Instr. 3 and 4) | | | (|
| Common Stock | | | | 12/31/2011 | | . | | | J ⁽¹⁾ | | 531 ⁽¹⁾ |) A \$6 | | \$61 | .47 | | 784 ⁽²⁾ | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date ecurity or Exercise (Month/Day/Year) if any | | Date, | | ransaction of Determine (A) Dissection of Determine (A) Dissection of (Instance) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date (Month/Day/Year) Expiration Exercisable Date Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Represents shares of common stock deferred into stock unit account, including dividends, pursuant to the Northrop Grumman 2011 Long-Term Incentive Stock Plan in a transaction exempt pursuant to Rule 16b-3.
- 2. Represents shares of common stock held in a stock unit account pursuant to the Northrop Grumman 2011 Long-Term Incentive Stock Plan and the 1993 Stock Plan for Non-Employee Directors.

/s/ Jennifer C. McGarey,

Attorney-in-Fact for Thomas

01/04/2012

M. Schoewe

** 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.