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

| OMB APPROVAL | | | | | | | | | |
|--------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235 | | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours per response | . 0.5 | | | | | | | | |

| | ction 1(b). | nuc. See | | Filed | | | | | | | ties Exchang mpany Act o | | 1934 | | nours | s per re | esponse: | 0.5 |
|--|---|--|--|--|---|-------------------------------------|---|--------|--|--------------|--|---|---|---|---|--|---|---------------------------------------|
| 1. Name and Address of Reporting Person* SCHOEWE THOMAS M | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | heck all ap | onship of Reporting Il applicable) Director | | 10% O | wner | | |
| (Last) (First) (Middle) 2980 FAIRVIEW PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022 | | | | | | | | | belo | er (give title w) | | below) | specify |
| (Street) FALLS CHURC | | | 2042 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X Forr Forr | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Oity) | (01 | | | n-Deriva | tive \$ | Secu | rities | Acc | uired | , Dis | posed of | , or Be | nefici | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | ion 2A. Deem Execution (/Year) if any | | eemed ition Date, h/Day/Year) | | | | Disposed O | ecurities Acquired (A posed Of (D) (Instr. 3, | | d Secui Benet Owne | 5. Amount of Securities Beneficially Owned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/18/2 | | | | .022 | | A ⁽¹⁾ | | 385(1) | A | \$454 | .87 14,452 ⁽²⁾ | | | D | | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | y/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. See Ac. (A) Discort (Instr. and Instrument) | | Transaction Code (Instr. | | 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) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | (A) | (D) | or | | | Number of | | | | | | | | |

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. Amount includes (i) 3,160 shares of common stock; and (ii) 11,292 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, 05/19/2022 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.