FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* FROST PHILLIP MD ET AL (Last) (First) (Middle) 1840 CENTURY PARK EAST (Street) LOS ANGELES CA 90067 (City) (State) (Zip) | | | | | | 3. D 09/ | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ [NOC] 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
|---|--|--|--|--|------------------------|------------------------|---|--|--|--------|--------------------|----------------------------|-----------|---|---|---|--|---|---------------------------------|--|--|--|
| 1. Title of Security (Instr. 3) | | | | n-Deriv 2. Transa Date (Month/D | Execution Date, | | | 3. Transa Code (| 3. 4. Securiti Transaction Disposed (Code (Instr. 8) 5) | | | ired (A) | or and | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Common Stock | | | | 09/28/ |)/28/2007 | | | | J ⁽¹⁾ | | 713(1) | (D) | \ | \$78 | (Instr. 3 | 555 ⁽²⁾ | | 1 | See footnote. ⁽²⁾ | | | |
| Common Stock Common Stock | | | | | | | | | | | + | | | 41,922 ⁽³⁾ 11,430 | | | | See footnote. ⁽³⁾ | | | | |
| | | | | | e.g., puned n Date, | uts, c 4. Transa | ts, calls, warran 4. 5. Numb of Oode (Instr. Derivativ | | | option | 1S, C Exerci | | | 8 8 8 8 | Owned Price of Perivative Security Instr. 5) | 9. Number of | | 10. Ownership Form: Direct (D) or Indirect | Beneficial Ownership | | | |
| Security | | | | | Code V | | (A) (Disp of (E (Inst | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | able | Expiration Date | Amount or Number of Shares | | nt er | | Following Reported Transactic (Instr. 4) | on(s) | (I) (Instr. 4) | , com y | | | |

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.
- 3. These securities are held by Frost Gamma Investments Trust, of which the Reporting Person is the trustee. Frost Gamma Limited Partnership is the sole and exclusive beneficiary of Frost Gamma Investments Trust. The Reporting Person is one of two limited partners of Frost Gamma, L.P. The general partner of Frost Gamma, L.P. is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. The Reporting Person is also the sole shareholder of Frost-Nevada Corporation.

/s/ Kathleen M. Salmas, Attorney-in-fact for Phillip

09/28/2007

Frost

** 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.