FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

| STATEMENT | OF CHAN | IGES IN BEN | IEFICIAL O | WNERSHIP |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* OBRIEN ROSANNE P | | | | | NO | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | | | ationship of Reporting all applicable) Director Officer (give title below) | | g Person | 10% C | Owner (specify |
|--|----------|--|--|---------|-----------------------------|--|---------|-----------------------------|--|--|----------------------------------|---|--------------------------------|----------|--------|--|---|---|---|--|
| (Last) 1840 CE | , | (First) (Middle) Y PARK EAST | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2005 | | | | | | | | | X | | orp. VP, Co | ommuni | below) | |
| (Street) LOS ANd (City) | GELES CA | | 90067 (Zip) | | Line) X Form filed by Or | | | | | | n filed by One n filed by Mor | up Filing (Check Applicable ne Reporting Person ore than One Reporting | | | | | | | | |
| | | Tabl | le I - Nor | n-Deriv | /ative | Se | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | ficia | ılly (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Se | | ount of ties cially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D | () or () | Price | | Transaction(s) (Instr. 3 and 4) | | | | () |
| Common | Stock | | | 02/16 | 6/2005 | 005 02/16/2005 J ⁽¹⁾ 3,855 A \$53.99 35,060 ⁽²⁾ | | | | D | | | | | | | | | | |
| Common | Stock | | | 02/10 | 6/2005 | 5 | 02/16/ | /2005 | F | | 4,290 | | D | \$53. | .99 | 30 | 30,770 ⁽²⁾ D | | | |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution | | Date, Transaction Code (Ins | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Dire or In (I) (II | ership n: et (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Shai | ber | | | | | | |

Explanation of Responses:

- 1. The measurement period for this installment of Restricted Performance Stock Rights (RPSRs) ended on 12/31/04, and the payout of those shares and determination of the number of additional shares for the payout was effective 2/16/05.
- 2. Total includes 8,000 RPSRs granted under the 2001 Long-Term Incentive Stock Plan (LTISP) on 8/20/02, with the valuation performance measurement period ("measurement period") ending on 12/31/05; and 8,000 RPSRs granted under the 2001 LTISP on 8/20/03 with the measurement period ending on 12/31/06. Grants awarded pursuant to Rule 16b-3(d).

Kathleen M. Salmas, Attorneyin-fact for Rosanne P. O'Brien 02/17/2005

** Signature of Reporting Person Dat

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.