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 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

| Name and Address of Reporting Person*     Felsinger Donald E  |  |         |           |                                      | NO             | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/               |   |                              |                  |       |                        |                  |                             |  | k all app  | ,   | ng Pei   | rson(s) to Is     |            |
|---|--|---------|-----------|--------------------------------------|----------------|--|---|------------------------------|------------------|-------|------------------------|------------------|-----------------------------|--|--|---|--|-------------------|------------|
| (Last) (First) (Middle) 2980 FAIRVIEW PARK DRIVE              |  |         |           |                                      | 3. Da          | NOC ]  3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021                   |   |                              |                  |       |                        |                  |                             |  | Office<br>below                                  | er (give title<br>v)  |  | Other (<br>below) | specify    |
| (Street) FALLS CHURC  |  |         | 2042      |                                      | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year)                             |   |                              |                  |       |                        |                  |                             | 6. Indi<br>Line)   | Form<br>Form                                     | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson |  |                   |            |
| (City)  | (Sta   | ate) (Z | Zip)      |                                      |                |  |   |                              |                  |       |                        |                  |                             |  |  |   |  |                   |            |
|   |  | Table   | I - No    | n-Deriva                             | tive S         | Secui  | rities  | Acq                          | uired            | , Dis | posed of               | , or E           | Benefi                      | icially  | y Own  | ed  |  |                   |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |         |           | Execution Date,                      |                |  | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) |                              |                  |       | 4 and Securi<br>Benefi |                  | ties<br>cially<br>Following | Form<br>(D) o  | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |  |                   |            |
|   |  |         |           |                                      |                |  |   |                              | Code             | v     | Amount                 | (A) or<br>(D) Pr |                             | ce   | Transa   | Transaction(s)<br>(Instr. 3 and 4)  |  |                   | (111501.4) |
| Common Stock 05/19/   |  |         |           |                                      | 2021           |  |   |                              | A <sup>(1)</sup> |       | 458(1)                 | A                | \$3                         | 370.9  | 9 38,801(2)                                      |   |  | D                 |            |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |           |                                      |                |  |   |                              |                  |       |                        |                  |                             |  |  |   |  |                   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | vative Conversion Date Execution Date if any   |         | ion Date, | 4.<br>Transaction<br>Code (Instr. 8) |                | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5 | rities<br>ired<br>r<br>osed<br>)<br>: 3, 4  | 6. Date<br>Expirat<br>(Month | tion Day/Y       |       |                        | unt<br>per       |                             | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                   |            |

## **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. Represents 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, Attorney-in-Fact

\*\* Signature of Reporting Person Date

05/21/2021

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.