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, I | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL |
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OMB APPROVAL OMB Number: 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* SCHOEWE THOMAS M | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ NOC] | | | | | | | | | | tionship of Reporting F all applicable) Director | | g Person | 10% C | wner | | |
|--|---|--|---|---|-------------------------|---|--------|--------|--|---|----------------------|---|--|--|--|---|---|---|----------------------|--|
| (Last) 2980 FAI | ast) (First) (Middle) 980 FAIRVIEW PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015 | | | | | | | | | | Officer (give titl below) | | | below) | (specify |
| (Street) FALLS CHURCI | H VA | Δ 2 | 22042 | | 4. If Amendment, Date o | | | | of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | uired | , Dis | posed o | f, o | or Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Sec Ben Owr | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | | |
| Common Stock 09/ | | | | 09/30 | 0/2015 | | | | J (1) | | 233(1) | | A | A \$165. | | 9,393 ⁽²⁾ | | D | | |
| | | Та | | | | | | | , | | osed of, onvertib | | | | • | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, Tran | | ction Instr. | of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | nstr. 3 | Deri Secu | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | 600 | Code | v | (A) | (D) | Date Evercis: | Amount or Number of States | | | | | | | | | | |

Explanation of Responses:

- 1. Represents shares of common stock deferred into a 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. Amount includes (i) 3,160 shares of common stock; and (ii) 6,233 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, 10/02/2015 Attorney-in-Fact

** Signature of Reporting Person Date

OWNERSHIP

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.