FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KRISHNA ARVIND					2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/									5. Relationship of Reporting Person(s) to Issue (Check all applicable)						
					NOC	NOC]								X	Director			10% O		
(Last) (First) (Middle) 2980 FAIRVIEW PARK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023									Office below	cer (give title ow)		Other (s	specify	
2500 TAIRVIEW TAIR DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
						, , , , , , , , , , , , , , , , , , , ,								Line)						
(Street) FALLS														X Form filed by One Reporting Person						
CHURC	H VA	Δ 2	22042												Form Pers	n filed by Mo on	ore tha	an One Rep	orting	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ended to				
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or E	Benefic	iall	y Owr	ned				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Year) if	emed tion Date, n/Day/Year)					es Acquired (A Of (D) (Instr. 3,		4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 05/17/20)23			A ⁽¹⁾		392(1)		\$447	7.34	4 644(2)			D		
		Tab	ole II	- Derivativ (e.g., pu										•	Owne	ed				
					-	15, V		unts,				_		Ť		1				
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Titl Amou Secur Unde Deriv Secur (Instr	int of rities rlying ative	Der	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1								

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 16k-2
- 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

05/19/2023

** 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.