Edgar Filing: LARSON CHARLES R - Form 4

| LARSON CH Form 4 | HARLES R | | | | | | | | | | |
|---|------------------------------------|--|---|--|----------------|-----------------------------|---|--|---|----------------------|--|
| January 31, 2 | 2006 | | | | | | | | | | |
| | | | | RITIES AND EXCHANGE COMMISSIO | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 on Form 5 obligatior may conti <i>See</i> Instru 1(b). | 6. Filed p Section 1 | oursuant to S 7(a) of the 1 | Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> LARSON CHARLES R | | 2. Issuer Name and Ticker or Trading Symbol NORTHROP GRUMMAN CORP /DE/ [NOC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 1840 CENT | (First) URY PARK E | (Middle) | 3. Date of (Month/D 01/27/20 | - | ansaction | | | X Director Officer (give below) | | Owner er (specify | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| LOS ANGE | LES 90067 | | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 01/27/2006 | | | J <u>(1)</u> | 117 <u>(1)</u> | | \$ | 1,703 | D | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other LARSON CHARLES R 1840 CENTURY PARK EAST Х LOS ANGELES 90067 Signatures /s/ Kathleen M. Salmas, Attorney-in-fact for Charles R. 01/31/2006 Larson

**Signature of Reporting Person

Explanation of Responses:

- 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).
- (1) Shares distributed pursuant to the 1993 Stock Plan for Non-Employee Directors in transactions exempt under Rule 16b-3.
- (2) Price is based on average FMV for 12 months ended 12/31/05 rounded up to the nearest tenth.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date