**TEXTRON INC** Form 4

February 14, 2008

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * YATES RICHARD L	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)	TEXTRON INC [TXT]  3. Date of Earliest Transaction	(Check all applicable)			
TEXTRON INC., 40 WESTMINSTER STREET	(Month/Day/Year) 02/12/2008	Director 10% Owner Solution Other (specify below)  Sr. VP and Controller			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PROVIDENCE, RI 02903 (City) (State) (Zip)		Form filed by More than One Reporting Person  Person			

` •	· · · · · · · · · · · · · · · · · · ·	Tabi	e I - Non-D	erivative	Secur	ities Acc	quirea, Disposea	or, or belieficia	my Owned
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if T any C		Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(ansar. 1)
Stock	02/12/2008		F	781	D	56.4	48,268	D	
Common Stock							3,640.825	I	Held on behalf of Reporting Person by the Textron Savings Plan (as of February 1, 2008).

191.042

Ι

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Common Stock

Held on behalf of Reporting Person's spouse by the Textron Savings Plan (as of February 1, 2008).

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4.	5. tiorNumber	6. Date Exer Expiration D		7. Title an		8. Price of Derivative
		(Monun Day/ 1 car)	· · · · · · · · · · · · · · · · · · ·			*				
Security	or Exercise		any	Code	of	(Month/Day	rear)	Underlyin	_	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Derivativ	e		Securities		(Instr. 5)
	Derivative				Securities	S		(Instr. 3 ar	nd 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					4, and 3)					
								Am	ount	
						Date	Expiration	or		
							•	Title Nu	mber	
						Exercisable Date	of			
				Code	V (A) (D)			Sha	ares	

### **Reporting Owners**

\*\*Signature of Reporting Person

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
YATES RICHARD L							
TEXTRON INC.			Sr. VP and				
40 WESTMINSTER STREET			Controller				
PROVIDENCE, RI 02903							

# **Signatures**

/s/ Ann T. Willaman, Attorney-in-Fact 02/14/2008

Reporting Owners 2

Date

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## **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).

#### **Remarks:**

All share numbers and related prices have been adjusted to reflect Textron Inc.'s two-for-one Common Stock split which occur. 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.