 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  
   Lupone E Robert  
   (Last) (First) (Middle)  
   TEXTRON INC, 40 WESTMINSTER STREET  
   PROVIDENCE, RI 02903  

2. Issuer Name and Ticker or Trading Symbol  
   TEXTRON INC [ TXT ]

3. Date of Earliest Transaction (MM/DD/YYYY)  
   3/1/2020

4. If Amendment, Date Original Filed (MM/DD/YYYY)  

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
   Director  
   10% Owner  
   Officer (give title below)  
   V  
   Other (specify below)  
   EVP, General Counsel and Secy

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/1/2020</td>
<td>A</td>
<td>7760</td>
<td>$0</td>
</tr>
<tr>
<td>Common Stock</td>
<td>3/1/2020</td>
<td>F</td>
<td>2579</td>
<td>$40.6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Code</th>
<th>V</th>
<th>Amount or Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Stock Option (Right to Buy)</td>
<td>3/1/2020</td>
<td>A</td>
<td>29711</td>
<td>$0</td>
<td>29711</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) The option vests in three (3) equal annual installments, beginning on 03/01/2021.
(2) Issued pursuant to the Textron Inc. 2015 Long-Term Incentive Plan.

Signatures
/s/ Ann T. Willaman, Attorney-in-Fact  
3/3/2020  
**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).


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 control number.