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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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
   ZIEMER JAMES L  
   S67 W24275 SKYLINE AVENUE  
   WAUKESHA, WI 53189

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   9/30/2020

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
   _X_ Director  _____ 10% Owner  _____ Officer (give title below)  _____ Other (specify below)

6. Individual or Joint/Group Filing
   _X_ Form filed by One Reporting Person  ___ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form: Direct (D) or Indirect (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Stock Units</td>
<td>9/30/2020</td>
<td>A</td>
<td>1043.843</td>
<td>$36.259</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Each deferred stock unit is valued based upon the value of one (1) share of Textron Inc. Common Stock.
(2) Payable in cash upon the conclusion of Reporting Person's service on the Textron Inc. Board of Directors.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
</table>
| ZIEMER JAMES L  
   S67 W24275 SKYLINE AVENUE  
   WAUKESHA, WI 53189 | _X_ |

Signatures

_/s/ Ann T. Willaman, Attorney-in-Fact__  10/2/2020

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.