**FORM 4**

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

**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** *
   
   Bamford Mark S
   
   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)**
   
   3/1/2018

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

5. **Individual or Joint/Group Filing**
   
   _ Form filed by One Reporting Person
   _ Form filed by More than One Reporting Person

6. **Ownership Form:**
   
   Direct (D) or Indirect (I) (Instr. 4)

7. **Nature of Indirect Beneficial Ownership**
   
   Code V
   
   (A) or (D)
   
   Price

8. **Explanation of Responses:**
   
   (1) The option vests in three (3) equal annual installments, beginning on 03/01/2019.
   
   (2) Issued pursuant to the Textron Inc. 2015 Long-Term Incentive Plan.

9. **Reporting Owners**

   **Reporting Owner Name / Address**
   
   Bamford Mark S
   
   40 WESTMINSTER STREET
   
   PROVIDENCE, RI 02903

   **Relationships**
   
   Director 10% Owner Officer Other
   
   VP and Corporate Controller

10. **Signatures**

   /s/ Ann T. Willaman, Attorney-in-Fact 3/5/2018

   **Signature of Reporting Person**
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.