

☐ 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

OMB APPROVAL
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## 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 *  |            |             |            |             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol   |           |                              |  |   |                    |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                                  |              |
|--|------------|-------------|------------|-------------|--|-----------|------------------------------|--|---|--------------------|---|--|---|---|----------------------------------|--------------|
| Garrett Michael X                          |            |             |            | <b>T</b> ]  | TEXTRON INC [ TXT ]  |           |                              |  |   |                    |   |  | ,,  |   |                                  |              |
| (Last) (First) (Middle)                    |            |             |            | 3.          | 3. Date of Earliest Transaction (MM/DD/YYYY)   |           |                              |  |   |                    |   | X_ Director  |   |   |                                  |              |
|  |            |             |            |             |  |           |                              |  |   |                    |   | Officer (give  | Officer (give title below) Other (specify below)                        |   |                                  |              |
| 6521 CHIPSTEAD LANE                        |            |             |            |             | 7/1/2023   |           |                              |  |   |                    |   |  |   |   |                                  |              |
|  | (Stree     | et)         |            | 4.          | If An  | nendmei   | nt, Date O                   | rigin                                  | al Filec  | l (MM/DI           | O/YYY   | Y) 6. Individual (   | or Joint/G  | roup Filing   | Check Appl                       | icable Line) |
| CHARLOTTE, NC 28277                        |            |             |            |             |  |           |                              |  |   |                    |   | X_Form filed by One Reporting Person Form filed by More than One Reporting Person                  |   |   |                                  |              |
| (C   | ity) (Stat | e) (Zip     | p)         | Ru          | Rule 10b5-1(c) Transaction Indication  |           |                              |  |   |                    |   |  |   |   |                                  |              |
|  |            |             |            |             | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |           |                              |  |   |                    |   |  |   |   |                                  |              |
|  |            |             | Table I -  | - Non-De    | rivati   | ive Secu  | ırities Acq                  | <sub>l</sub> uire                      | ed, Disp  | osed of            | , or I  | Beneficially Owne  | ed  |   |                                  |              |
| 1.Title of Security (Instr. 3) 2. Trans. D |            |             |            | Trans. Date | Date 2A. Deemed Execution Date, if any   |           | 3. Trans. Code<br>(Instr. 8) |  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                    | 5. Amount of Securit<br>Following Reported<br>(Instr. 3 and 4)  | 5. Amount of Securities Beneficially Owned<br>Following Reported Transaction(s)<br>Instr. 3 and 4) |   | 6. 7. Nature<br>Ownership of Indirect<br>Form: Beneficial<br>Direct (D) Ownership |                                  |              |
|  |            |             |            |             |  |           | Code                         | V                                      | Amount  | (A) or (D)         | Pric  | e  |   |   | or Indirect<br>(I) (Instr.<br>4) | (Instr. 4)   |
| Common Stock                               |            |             |            | 7/1/2023    |  |           | A                            |  | 1,987   | A                  | \$  | )  |   | 1,987   | D                                |              |
|  | Tabl       | le II - Der | ivative S  | Securities  | Bene   | eficially | Owned (                      | e.g.,                                  | puts, c   | alls, wa           | rrant   | s, options, conve  | tible secu  | ırities)  |                                  |              |
|  |            |             | (Instr. 8) |             |  |           |                              | and Expiration Date Securitie Derivati |   |                    | e and Amount of<br>ties Underlying<br>tive Security<br>3 and 4) |  | derivative<br>Securities<br>Beneficially<br>Owned<br>Following          | Ownership<br>Form of Ber<br>Derivative Ow   | Beneficial                       |              |
|  |            |             |            | Code        | V  | (A)       | (D)                          | Date<br>Exer                           | cisable I   | Expiration<br>Date |   | Amount or Number of<br>Shares  |   | Transaction(s)<br>(Instr. 4)  |                                  |              |

## **Explanation of Responses:**

Reporting Owners

| Keporting Owners               |               |           |             |  |  |  |  |  |
|--------------------------------|---------------|-----------|-------------|--|--|--|--|--|
| Panarting Owner Name / Address | Relationships |           |             |  |  |  |  |  |
| Reporting Owner Name / Address | Director      | 10% Owner | OfficerOthe |  |  |  |  |  |
| Garrett Michael X              |               |           |             |  |  |  |  |  |
| 6521 CHIPSTEAD LANE            | X             |           |             |  |  |  |  |  |
| CHARLOTTE, NC 28277            |               |           |             |  |  |  |  |  |

## **Signatures**

/s/ Jayne M. Donegan, Attorney-in-Fact 7/5/2023

\*\*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).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.