

[] 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

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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

| Name and Address of Reporting Person * | | | | 2. 1 | Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|--|-----------|--|------------------------------|----------------------------------|------|-----------------------------|---|--------------------|--|--|---|---|---|--|--|
| Conway Jai | nes T | | | | | ΓRON | | | | | | | X Director | | 109 | 6 Owner | | |
| (Last) (First) (Middle) | | | | 3. 1 | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | Officer (give title below) Other (specify below) | | | | |
| 73 LEACH DRIVE | | | | | 12/31/2019 | | | | | | | | | | | | | |
| | (St | reet) | | 4.] | If Aı | mendmei | nt, Da | te O | rigina | al Fil | ed (MM/E | D/YYYY | 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) | |
| MIFFLINTOWN, PA 17059 (City) (State) (Zip) | | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table I - | Non-Der | ivat | tive Secu | ırities | Aco | quire | d, D | isposed (| of, or B | eneficially Own | ed | | | | |
| 1.Title of Security (Instr. 3) 2. Trans. E | | | | | | 3. Trans. Code (Instr. 8) | | | or Dis (Instr. | 4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Ta | ble II - Der | ivative So | ecurities | Ben | eficially | Own | ed (| e.g., _] | puts, | calls, wa | arrants | , options, conve | rtible sec | urities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deeme Execution Date, if any | Code | Derivativ | | e Securities (A) or of (D) | | 6. Date Exe Expiration I | | | Securitie | and Amount of s Underlying ye Security and 4) | | 9. Number of derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | Code | v | (A) | (D) | | Date Exerci | | Expiration Date | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | | |
| Deferred Stock Units | \$0 <u>(1)</u> | 12/31/2019 | | A | | 739.938 | 3 | | <u>(2</u> | <u>2)</u> | <u>(2)</u> | Comme Stock | 7.39.9.38 | \$46.319 | 26899.169 | D | | |

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

| reporting Owners | | | | | | | | |
|--------------------------------|---------------|-----------|----------------|-------|--|--|--|--|
| Paparting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | ips Officer | Other | | | | |
| Conway James T | | | | | | | | |
| 73 LEACH DRIVE | X | | | | | | | |
| MIFFLINTOWN, PA 17059 | | | | | | | | |

Signatures

/s/ Ann T. Willaman, Attorney-in-Fact

**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.