FORM 4

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

☐ 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.

OMB APPROVAL
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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				
1. Name and Address of Reporting Person *				2.]	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CI ADIAD I	EDDY				Т	TVT	'DAN	INCL	ΓV	гі				(Cneck all app	iicabie)			
CLARK R KERRY						TEXTRON INC [TXT]												
(Last) (First) (Middle)					3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner				
														Officer (give title below) Other (specify below)				
4101-7S GULF SHORE BLVD N						10/27/2023												
(Street)					4.]	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
NAPLES, FL 34103														X Form filed by One Reporting Person				
IVALUES, FE 54105					-								Form filed by More than One Reporting Person					
(City) (State) (Zip)																		
			Tabl	e I - N	on-Der	ivati			•	ed, Dis	sposed o	f, or l	Ben	eficially Owne	d			
1. Title of Security 2. Trans. Da													5. Amount of Securities Beneficially Owned 6. 7. Nature					
(Instr. 3)				Execution (Instr.							Following Reported	Ownership						
				Date, if any			(Instr. 3, 4 and 5)				- 1	(Instr. 3 and 4)			Form: Direct (D)	Beneficial Ownership		
							-										or Indirect	
											(A) or						(I) (Instr.	,
								Code	V	Amount	(D)	Price	e				4)	
Common Stock 10/27/202				/2023	10/27	7/2023	S		9,353	D	\$75.104	<u>(1)</u>			4,517	D		
	Tabl	le II - Der	ivativ	e Secu	urities	Bene	eficially	Owned ((e.g.	, puts,	calls, wa	ırran	ts, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate	2.	3. Trans.	3A. D			Code	5. Numb			Date Exer						9. Number of	10.	11. Nature
Security				(Instr. 8)									Derivative		Ownership			
(Instr. 3)	Instr. 3) or Exercise Price of Derivative Date, if any				Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative (Instr. 3 and			d 4) (Instr. 5)		Securities Beneficially	Form of Derivative	Beneficial Ownership		
									(Instr. 3 and					Owned	Security:	(Instr. 4)		
	Security			(msu. 3		runu 5)									Direct (D)	(Insti. 1)		
	l			F		1			- In.		F	<u> </u>	١	tN1		Following Reported	or Indirect	
					G. 1.	3.7	(4)	(D)	Da	te ercisable	Expiration Date	Title	Shar	ount or Number of		Transaction(s)		
					Code	V	(A)	(D)	LA	creisable	Dute		Shai	103		(Instr. 4)	4)	

Explanation of Responses:

(1) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$75.00 to \$75.94, inclusive. The Reporting Person undertakes to provide to Textron Inc., any security holder of Textron Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range indicated above.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CLARK R KERRY							
4101-7S GULF SHORE BLVD N	X						
NAPLES, FL 34103							

Signatures

/s/ Jayne M. Donegan, Attorney-in-Fact

10/31/2023

**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.