FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| igton, D.C. 20549 | OMB APP | PROVAL | | |
|-------------------|-------------|--------|--|--|
| | OMB Number: | 3235- | | |

3235-0287 December 31. Expires: Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | ions may contination 1(b). | nue. See | | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | hours prespon | per | /erage burde | 0.5 | | |
|---|---|--|---|--|--|---|-------------|--|---------------|--------------------|--|--------------------------------------|---|---------------|--|---|---------|---|---|
| 1. Name and Address of Reporting Person* FRANKLIN CHARLES E | | | | | 2. Issuer Name and Ticker or Trading Symbol RAYTHEON CO/[RTN] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) | t) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2003 | | | | | | | | Officer (give title below) Vice P | | | Other (s below) ent | specify | | |
| (Street) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non-De | rivativ | ve Se | curitie | s Ac | cquired, | Dis | posed o | of, or Be | eneficia | ally Ov | /ned | | | | |] |
| 1. Title of Security (Instr. 3) 2. Tra Date (Mon | | | | | - 1 | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | Dispose | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | Tra | | d tion(s) and 4) | | | (Instr. 4) | |
| | | Т | able II - Deri (e.g | vative ., puts | Sec s, call | urities ls, warr | Acq ants | uired, D s, option | ispo is, c | osed of onverti | , or Ber ble sec | eficial urities) | ly Owr | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Code | sactior e (Instr | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Prio Deriva Secur (Instr. | itive | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | | Beneficial Ownership tt (Instr. 4) | |
| | | | | Code | e V | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amoun or Numbe of Shares | | | | | | | |
| Common Stock | 31.445 | 05/14/2003 | | A | | 4,000 | | 05/14/200 | 4 0 | 5/14/2013 | Common Stock | 4,000 | \$ |) | 43,000 | | D | | |
| Common Stock | 31.445 | 05/14/2003 | | A | | 4,000 | | 05/14/200 | 5 0: | 5/14/2013 | Common Stock | 4,000 | \$ |) | 47,000 | | D | | |
| Common Stock | 31.445 | 05/14/2003 | | A | | 820 | | 05/14/200 | 6 0 | 5/14/2013 | Common Stock | 820 | \$ |) | 47,820 | | D | | |
| Common Stock | 31.445 | 05/14/2003 | | Α | | 3,180 | | 05/14/200 | 6 0 | 5/13/2013 | Common | 3,180 | \$ | | 51,000 | | D | | |

Explanation of Responses:

John W. Kapples, Attorney-infact

05/16/2003

** 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 Number.