FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

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

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* CULLIGAN THOMAS M | | | | <u>R</u> / | 2. Issuer Name and Ticker or Trading Symbol RAYTHEON CO/[RTN] | | | | | | | | | | all app Direct Office | licable) tor er (give title | g Persor | Person(s) to Issuer 10% Owner Other (specify | | | |
|---|--|--|------|------------|--|---|---|--|-----------------|--------------------|---------------------|---|-------------|---------|--|---|---|---|--|---|--|
| (Last) (First) (Middle) 870 WINTER STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2012 | | | | | | | | | Senior Vice President | | | | | | |
| (Street) WALTHAM MA 02451 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | Person | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Day/Year) E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | Disposed | ecurities Acquired (A) posed Of (D) (Instr. 3, | | | 4 and Second Sec | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (IIISti. 4) | |
| Common Stock | | | | 05/29 | 9/2012 | | | | F | | 1,470 | | D | \$50.18 | | 10 | 103,691 | | | | |
| Common Stock C | | | | 05/29 | 5/29/2012 | | | | F | | 1,574 | | D | \$50.18 | | 102,117 | | Б | | | |
| Common Stock 05/2 | | | | | 9/2012 | | | | F | | 1,109 | | D | \$50.18 | | 8 101,008 | | Б | | | |
| Common Stock | | | | | | | | | | | | | | | | 3 | ,428 ⁽¹⁾ | I | | 401(k) | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | onversion Date Execution Date, Transaction Code (Instr. rice of erivative Code (Instr. securities Code (Instr. | | | | | rative rities iired r osed) | Expiration Date (Month/Day/Year) Amou Secu Unde Deriv Secu | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number | | | vative (urity S | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owr Forr Dire or Ir (I) (II | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V (A) (D) | | (D) | | | Expiration Date | Title | of | | | | | | | | | |

Explanation of Responses:

1. The Reporting Person indirectly beneficially owns 3,428 shares of the Issuer's Common Stock based on funds in the Reporting Person's Savings and Investment Plan/Excess Savings Plan Account divided by \$50.18, the closing price of the Issuer's Common Stock on May 29, 2012.

Remarks:

Dana Ng, Attorney-in-fact ** Signature of Reporting Person

05/31/2012 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.