FORM 4

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

| | OIVIB A |
|---------------------------------|-------------|
| CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: |

| STATEMENT | OF CHANGES | IN BENEFICIAL | |
|-----------|------------|---------------|--|
| | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* PEDEN KEITH J | | | | | 2. Issuer Name and Ticker or Trading Symbol RAYTHEON CO/ [RTN] | | | | | | | | | | Check all ap | ationship of Reportin k all applicable) Director Officer (give title | | ng Person(s) to Issuer 10% Owner Other (specify | |
|---|------------------------|--|--|--|---|--------------|---|-------|------------------------------------|-------|--|--|--------------------------------|---|---|---|---|---|--|
| (Last) 870 WIN | (Fi TER STRE | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2009 | | | | | | | | | | | below) below) Senior Vice President | | | |
| (Street) WALTHA | | |)2451 Zip) | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X For For | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Non-D | erivat | tive S | Secu | ıritie | s Acq | uired, | Dis | posed o | f, or | Bene | ficia | ally Own | ed | | | |
| , , , , | | | Dat | 2. Transaction Date (Month/Day/Year) | | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | nd Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Trans | action(s) . 3 and 4) | | | (11341.4) |
| Common Stock (| | | |)5/04/2 | 4/2009 | | | | F | | 1,267 | | D | \$46 | .97 | 7 115,337 | |) | |
| Common | Common Stock | | | | | | | | | | | | | 4,449(1) | | | [| 401(k) | |
| | | Та | ıble II - Der (e.g | | | | | | | | sed of, onvertib | | | | y Owned | l | | | |
| Security (Instr. 3) or Exerc Price of Derivativ | Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, Transaction Code (Inst | | tion str. | | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode \ | , | (A) | | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. The Reporting Person indirectly beneficially owns 4,449 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 \$46.97, the closing price of the Issuer's Common Stock on May 4, 2009.

Remarks:

Mark D. Nielsen, Attorney-in-

fact

** Signature of Reporting Person

05/06/2009

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.