FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

|    | Check this box if no longer subject to |
|----|--|
| ٦. | 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

|  |   |  |  |         |            |   | ` '     |        |  |             |                      |   |                       |                     |  |                         |   |            |  |
|--|---|--|--|---------|------------|---|---------|--------|--|-------------|----------------------|---|-----------------------|---------------------|--|-------------------------|---|------------|--|
| 1. Name and Address of Reporting Person*                   |   |  |  |         |            | 2. Issuer Name <b>and</b> Ticker or Trading Symbol RAYTHEON CO/ [ RTN ] |         |        |  |             |                      |   |                       |                     | Check all ap<br>Dire   | plicable)<br>ctor       | g Person(s) to Issuer<br>10% Owner                                |            | wner   |
| (Last) (First) (Middle)<br>870 WINTER STREET               |   |  |  |         |            | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2009             |         |        |  |             |                      |   |                       |                     | X Officer (give title Other (stellar) below) below)  Vice President  |                         |   |            | specify  |
| (Street) WALTHAM MA 02451  (City) (State) (Zip)            |   |  |  |         | 4. If      | 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     Form filed by More than One Reporting Person |                         |   |            |  |
|  |   | Tabl                                       | e I - No   | n-Deriv | /ative     | Se  | ecuriti | es Acc | quired,  | Dis         | posed o              | f, or   | Bene                  | efici               | ally Own   | ed                      |   |            |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |  |         |            | Execution Da  |         |        | Code (Instr.   |             |                      |   |                       | (A) or<br>3, 4 aı   | nd Secu<br>Bene  | ficially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |   |  |  |         |            | Code  | v       | Amount |  | A) or<br>D) | Price                | Trans   | action(s)<br>3 and 4) |                     |  | (111341. 4)             |   |            |  |
| Common Stock 05/28/  |   |  |  |         |            | 2009  |         |        |  |             | 17,901               | (1)   | A                     | \$                  | 0 1  | 136,555                 |   |            |  |
| Common Stock   |   |  |  |         |            |   |         |        |  |             |                      |   |                       | 4                   | 4,872(2)   |                         |   | 401(k)     |  |
|  |   | Та   |  |         |            |   |         |        |  |             | osed of,<br>onvertib |   |                       |                     | y Owned  | I                       |   |            |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/Y | n Date, | Code (Inst |   | on of   |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |             |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                       | str. 3              | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  |                         | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | (D)<br>ect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |         | Code       | v   | (A)     | (D)    | Date<br>Exercisa   |             | Expiration<br>Date   | Title   | or                    | ount<br>nber<br>res |  |                         |   |            |  |

## **Explanation of Responses:**

- 1. Shares of restricted stock that vest in one-third increments on each of the second, third and fourth anniversaries of the date of grant.
- 2. The Reporting Person indirectly beneficially owns 4,872 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 \$44.69, the closing price of the Issuer's Common Stock on May 28, 2009.

## Remarks:

<u>Jay B. Stephens, Attorney-in-fact</u>

06/01/2009

\*\* 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.