TEXTRON INC
Reported by
DONNELLY SCOTT C

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 08/03/12 for the Period Ending 08/01/12

Address 40 WESTMINSTER ST
           PROVIDENCE, RI 02903
Telephone 4014212800
CIK         0000217346
Symbol      TXT
SIC Code    6162 - Mortgage Bankers and Loan Correspondents
Fiscal Year 01/02
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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *

DONNELLY SCOTT C

(Last) (First) (Middle)

TEXTRON INC., 40 WESTMINSTER STREET

PROVIDENCE, RI 02903

2. Issuer Name and Ticker or Trading Symbol

TEXTRON INC [ TXT ]

3. Date of Earliest Transaction (MM/DD/YYYY)

8/1/2012

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

___ X __ Director

____ 10% Owner

___ X __ Officer (give title below) __ Other (specify below)

Chairman, President & CEO

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Title of Security | Trans. Date | Deemed Execution Date, if any | Trans. Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4) | Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Nature of Indirect Beneficial Ownership (Instr. 4) |
|-------------------|-------------|--------------------------------|------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|
| Common Stock      | 8/1/2012    | F                              |                        | 5514 D $25.40                                               | 283142                                                                          | D                                                | I Shares held on behalf of the Reporting Person by the Textron Savings Plan (as of August 1, 2012). |
| Common Stock      |             |                                |                        | 3495.214                                                    |                                                                                   |                                                  |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Trans. Code (Instr. 8)</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>Date Exercisable and Expiration Date</th>
<th>Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>Price of Derivative Security (Instr. 5)</th>
<th>Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date Exercisable</td>
<td>Title: Amount or Number of Shares</td>
<td>Price: Amount or Number of Shares</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONNELLY SCOTT C</td>
<td></td>
</tr>
<tr>
<td>TEXTRON INC.</td>
<td></td>
</tr>
<tr>
<td>40 WESTMINSTER STREET</td>
<td></td>
</tr>
</tbody>
</table>

| X                               | Chairman, President & CEO |
Signatures


** 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).


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.