TEXTRON INC
Reported by
FRENCH TED R

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 08/18/06 for the Period Ending 08/17/06

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
(Statement of Changes in Beneficial Ownership)

Filed 8/18/2006 For Period Ending 8/17/2006

<table>
<thead>
<tr>
<th>Address</th>
<th>40 WESTMINSTER ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PROVIDENCE, Rhode Island 02903</td>
</tr>
<tr>
<td>Telephone</td>
<td>401-421-2800</td>
</tr>
<tr>
<td>CIK</td>
<td>0000217346</td>
</tr>
<tr>
<td>Industry</td>
<td>Conglomerates</td>
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<tr>
<td>Sector</td>
<td>Conglomerates</td>
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<tr>
<td>Fiscal Year</td>
<td>12/31</td>
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</table>
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *
   
   FRENCH TED R
   
   (Last) (First) (Middle)

2. Issuer Name and Ticker or Trading Symbol
   
   TEXTRON INC [ TXT ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   
   8/17/2006

4. If Amendment, Date Original Filed (MM/DD/YYYY)
   
   8/17/2006

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   
   [ ] Director [ ] 10% Owner
   
   X Officer (give title below) [ ] Other (specify below)

   EVP and CFO

6. Individual or Joint/Group Filing (Check Applicable Line)
   
   _X_ Form filed by One Reporting Person
   
   _ _ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>2A. Deemed Execution Date, if any</th>
<th>2. Trans. Date</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td>8/17/2006</td>
<td>S 21780 D $90.72</td>
<td>58067 D</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td>8/17/2006</td>
<td>S 25 D $90.78</td>
<td>58042 D</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Held on behalf of Reporting Person by the Textron Savings Plan (as of August 17, 2006).

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>4. Trans. Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Code V (A) (D) Date Exercisable Expiration Date Title Amount or Number of Shares

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRENCH TED R</td>
<td>Director 10% Owner Officer Other</td>
</tr>
</tbody>
</table>

TEXTRON INC.
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.