TEXTRON INC
Reported by
CONNOR FRANK T

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/04/12 for the Period Ending 12/31/11

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
1. Name and Address of Reporting Person * 
Connor Frank T 
( 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) 
12/31/2011 

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

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

1. Title of Security 
( Instr. 3) 
2. Trans. Date 
2A. Deemed Execution Date, if any 
3. Trans. Code 
( Instr. 8) 
4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 
5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 
6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) 
7. Nature of Indirect Beneficial Ownership (Instr. 4) 

<table>
<thead>
<tr>
<th>Stock Units</th>
<th>Code</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 (1)</td>
<td>A</td>
<td>12/31/2011</td>
<td>(2)</td>
<td>Common Stock</td>
<td>1149.818</td>
<td>$21.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2693.189</td>
</tr>
</tbody>
</table>

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

1. Title of Derivate Security 
( Instr. 3) 
2. Conversion or Exercise Price of Derivative Security 
3. Trans. Date 
3A. Deemed Execution Date, if any 
4. Trans. Code 
( Instr. 8) 
5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 
6. Date Exercisable and Expiration Date 
7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) 
8. Price of Derivative Security (Instr. 5) 
9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) 
10. Ownership Form of Derivative Security; Direct (D) or Indirect (I) (Instr. 4) 
11. Nature of Indirect Beneficial Ownership (Instr. 4) 

<table>
<thead>
<tr>
<th>Stock Units</th>
<th>Code</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>A</td>
<td>( )</td>
<td>( )</td>
<td>Common Stock</td>
<td>1149.818</td>
<td>$21.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( )</td>
<td>( )</td>
<td></td>
<td></td>
<td>2693.189</td>
</tr>
</tbody>
</table>

Explanation of Responses: 
(1) Each stock unit is valued based upon the value of one (1) share of Textron Inc. Common Stock. 
(2) Payable in cash upon the conclusion of Reporting Person's employment with Textron Inc. 
(3) Acquired pursuant to the Textron Spillover Savings Plan; total includes stock units acquired in dividend reinvestment transactions not required to be reported. 

Reporting Owners 

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connor Frank T</td>
<td>Director 10% Owner Officer Executive VP and CFO</td>
</tr>
<tr>
<td>TEXTRON INC. 40 WESTMINSTER STREET PROVIDENCE, RI 02903</td>
<td></td>
</tr>
</tbody>
</table>
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.