

TEXTRON INC

Reported by **BOHLEN KENNETH C**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/14/08 for the Period Ending 02/12/08

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





[] 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

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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 *				n *	2. Issuer Name and Ticker or Trading Symbol							Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Bohlen Kenneth C					TEXTRON INC [TXT]												
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)						/YYYY)	Director 10% Owner					
													X Officer (give title below) Other (specify				
TEXTRON INC., 2301 EAGLE					77/1/7///1110								below) Executive	Vice Pr	esident		
PARKWAY, SUITE 250																	
	(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
FORT WOR	гн, тх	761 ′	77														
(City)	(State)		(Zip)									X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	ole I - No	n-Der	ivati	ve Secur	ities A	equ					Beneficiall				
1.Title of Security (Instr. 3)				2. T Date	rans.	2A. Deemed	Trans.Code		4. Securi (A) or D				ount of Securiti			6. Ownership	7. Nature
(msu. 3)				Date			(Instr. 8)		(D)	•	(Instr. 3		ing Reported Transaction(s) 3 and 4)		Form: Be	Beneficial	
							(Instr. 3, 4 a			4 ar (A)						Direct (D) Ov or Indirect (Ir	Ownership (Instr. 4)
										or						(I) (Instr. 4)	
				2/1/	12000		Code	V	Amount	(D)) Pric	ce				7)	
Common Stock				2/12	2/2008		F		1383	D	\$56. 4	40	45	5401		D	
Common Stock													9353.834			I	Held on behalf of Reporting Person by the Textron Savings Plan (as of February
								_									1, 2008).
Tah	ole II - De	rivati	ive Secui	ities F	Benef	icially O	wned (e.	<i>g</i> . , puf	s. 0	calls.	warran	ts, options	. convert	ible secur	ities)	
1. Title of Derivate Security Conversion Trans. Deemed Trans. (Instr. 3) Trans. Deemed Date Execution Code		4. Trans.	5. No Deri Secu	6. Date Exercisable and Expiration Date				7. Title and Amou Securities Underly Derivative Security (Instr. 3 and 4)		unt of ying ty	8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial			
				Code	(A)	(D)	Date Exercise	able	Expirati e Date	on		Amount or Shares	Number of		Transaction (s) (Instr. 4)	(+)	

Explanation of Responses:

Remarks:

All share numbers and related prices have been adjusted to reflect Textron Inc.'s two-for-one Common Stock split which occurred on August 24, 2007.

Reporting Owner Name / Address	F	Relationships	
reporting owner reame, readiess			

	Director	10% Owner	Officer	Other
Bohlen Kenneth C TEXTRON INC. 2301 EAGLE PARKWAY, SUITE 250			Executive Vice President	t
FORT WORTH, TX 76177				

Signatures

/s/ Ann T. Willaman, Attorney-in-Fact 2/14/2008 Date

** Signature of Reporting Person

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 control number.