

TEXTRON INC

Reported by FISH LAWRENCE K

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/05/04 for the Period Ending 12/31/03

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

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

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 * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|-------------------------------------|-----------------|---|--|---|-----|--|--------------------|--------|--|---|--|-----|--------|--|
| FISH LAWRI | ENCE F | <u> </u> | | | | TRON | | | | | | | | | _ | |
| (Last) | (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director 10% Owner Officer (give title below) Other (specify | | | | |
| CITIZENS BANK, ONE CITIZENS PLAZA | | | | | 12/31/2003 | | | | | | below) | (gree title (| _ | | ореену | |
| (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| PROVIDENCE, RI 02903 (City) (State) (Zip) | | | | | | | | | | | | _ 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 | | | 2. Trar Date | te Deemed Code Acquired (A) or Followin | | | | | and 4) Form Direct | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Tabl | Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Security (Instr. 3) Conversion or Exercise Price of Date Deemed Execution Date, if | | 4. Trans Code (Instr 8) | . | | | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | - | of derivative Securities Beneficially Owned Following Reported | Security: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | $ _{\rm v}$ | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction (s) (Instr. 4) | (4) | | |
| Deferred Stock Units | \$0 (1) | 12/31/2003 | | A | П | 664.196 | | (2) | (2) | Common | 664.196 | \$49.91 | 13360.35 | D | | |
| Deferred Stock Units | \$0 (1) | 12/31/2003 | | A | | 79.584 | | (2) | (2) | Common | 79.584 | \$54.56 | 13439.934 | D | | |

Explanation of Responses:

- (1) Converts to Common Stock on a 1-for 1 basis.
- (2) Payable upon the conclusion of Reporting Person's service on the Textron Inc. Board of Directors.

Reporting Owners

| Depositing Overnor Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| FISH LAWRENCE K CITIZENS BANK ONE CITIZENS PLAZA PROVIDENCE, RI 02903 | X | | | | | | |

Signatures

Ann T. Willaman by power of attorney

1/5/2004

** 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 control number.