STATEMENT OF CHANGG () Check this box Form 4 or Form 5 ol 1. Name and Address Sue W. Cole U.S. Trust Compa 301 North Elm Stree NC, Greensboro 2. Issuer Name and Martin Marietta	if no longer soligations may sof Reporting any of North Capet 27401 Ticker or Trace	subject to Sectiontinue. See I Person arolina ding Symbol).			
3. IRS or Social Se	ecurity Number	of Reporting Pe	erson (Voluntary)			
4. Statement for Mo 12/23/2002 5. If Amendment, Da	ate of Original						
 Relationship of (X) Director ((specify below) Director Individual or Jo (X) Form filed I) 10% Owner () Dint/Group Fil: Dy One Reportin) Oḟficer (give ing (Check Appl: ng Person	title below) (
Table I Non-Der	rivative Securi	ities Acquired,	Disposed of, or	Beneficially	y Owned		
1. Title of Securi	Trans- Exec- action ution 	- Trans or [n action 	urities Acquired Disposed of (D) A. nount D	/	5.Amount of Securities Beneficially Owned Following Reported Trans(s)	ect (D)or Indir	7.Nature of Indirect Beneficial Ownership
Common Stock	12/20/ 2002	P 1150	A 	30.40 		I	By IRA
Common Stock	12/20/ 2002	P 600 	A 	30.45	4250 	I 	By IRA

Table II -- Derivative Securitites Acquired, Disposed of, or Beneficially Owned 1.Title of |2.Con-|3A. 4. |5.Number of De |6.Date Exer|7.Title and Amount |8.Price|9.Number |10.|11.Nature of Derivative |version |Trans-|Deemed|Trans-| rivative Secu |cisable and| of Underlying of Deri|of Deriva |Dir|Indirect Security or Exer action |action| rities Acqui |Expiration | Securities |vative |tive |ect|Beneficial cise Execured(A) or Dis |Date(Month/ Secu Securities |(D)|Ownership posed of(D) |Price of |ution |Day/Year) |rity Benefi |or | |Deriva-|Date |Expir| |ficially |Ind| |Owned Follow|ire| Itive A/|Exer-|ation| Title and Number [(Month/|(Month| of Shares |ing Reported|ct | ISecu-| D |cisa-|Date | |/Day/ |Code|V| |rity |Day/ Amount |ble |Trans-|(I)| |Year) | |action(s) |Year) | | 1 I I I1

Explanation of Responses: SIGNATURE OF REPORTING PERSON Sue W. Cole Sue W. Cole

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 4