FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vvasni | ngton, | D.C. | 20549 |
|--------|--------|------|-------|
| | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

| | OMB APPRO | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
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| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Quillen Michael J (Last) (First) (Middle) ALPHA NATURAL RESOURCES | | | | | 3. E | 2. Issuer Name and Ticker or Trading Symbol MARTIN MARIETTA MATERIALS INC [MLM] 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2008 | | | | | | | | | elationship of Reporting ck all applicable) Director Officer (give title below) | | | 10% O Other (: below) | vner |
|---|---|------------|---|--------|-----------------------------------|--|-------|-------------------|--|------------|---|---|------------------------|----------------------------------|--|-------|--|---------------------------------------|------|
| (Street) ABINGI (City) | | A | 24212 (Zip) | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | i. Indi ine) X | , | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | action | ction 2A. Deemed Execution Date, | | | Code (Instr. 5) | | | ed (A) o | or 5. Amount of Securities Beneficially Owned Following | | nt of es ally -ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| Common Stock ⁽¹⁾ 05/2 | | | | 05/28 | 8/2008 | /2008 | | Code | v | Amount 345 | (A) o (D) | PIIC | (Instr. 3 | | tion(s) | nd 4) | | (Instr. 4) | |
| | | 7 | able II - | | | | | | | | | , or Ben ble sec | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deems Execution if any (Month/Da | Date, | Date, Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | ly | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | Number of Shares | | | | | | |
| Stock Options (Right to | \$117.77 | 05/28/2008 | | | A | | 3,000 | | (2) | 0 | 5/28/2018 | Common Stock | 3,00 | | \$0 | 3,000 | | D | |

Explanation of Responses:

1. Common stock units were accrued under the Martin Marietta Materials, Inc. Common Stock Purchase Plan for Directors (the "Plan") and are to be settled in stock in a lump sum or in installments not to exceed 10 years commencing on (i) the date the reporting person ceases to be a Non-Employee Director or (ii) the date that is one month and one year following the date the reporting person ceases to be a Non-Employee Director, in accordance with the reporting person's election under the Plan.

2. Non-qualified stock option award granted under the Martin Marietta Materials, Inc. Amended and Restated Stock-Based Award Plan. Options are exercisable immediately.

Roselyn R. Bar, attorney-in-

fact

** Signature of Reporting Person

Date

05/29/2008

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 Number.