FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  STEWART JONATHAN T  (Last) (First) (Middle) |  |      |           |                              | MI<br>MI   | 2. Issuer Name and Ticker or Trading Symbol MARTIN MARIETTA MATERIALS INC [ MLM ] |         |   |                  |  |   |       |             |                       | A below  |   | blicable)<br>ctor<br>er (give title<br>v)                                | 10%<br>Othe<br>belo  | Owner<br>er (specify<br>w) |
|---|--|------|-----------|------------------------------|--|---|---------|---|------------------|--|---|-------|-------------|-----------------------|--|---|--|--|----------------------------|
| 2710 WYCLIFF ROAD   |  |      |           |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2005                       |         |   |                  |  |   |       |             |                       | Sr. VP-Human Resources   |   |  |  |                            |
| (Street) RALEIGH NC 27607   |  |      |           | 4. 11                        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |         |   |                  |  |   |       |             | . Indivi<br>ine)<br>X | X Form filed by One Reporting Person Form filed by More than One Reporting |   |  |  |                            |
| (City)  | (St  |      | Zip)      |                              |  |   |         |   |                  |  |   |       |             |                       |  | Pers  |  |  |                            |
|   |  | Tabl | e I - Noi | n-Deriv                      | ative  | e Se  | curitie | s Ac                                    | quired,          | Dis  | posed o   | f, or | Bene        | efici                 | ally (   | Owne  | ed   |  |                            |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/                                |  |      |           |                              | ar)   i  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                       |         | 3.<br>Transaction<br>Code (Instr.<br>8) |                  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |       |             | 4 and Secur<br>Benef  |  | cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirec<br>(I) (Instr. 4)         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |                            |
|   |  |      |           |                              |  |   |         |   |                  | v  | Amount  |       | A) or<br>D) | Price                 | .  | Transaction(s)<br>(Instr. 3 and 4)  |  |  | (IIISti. 4)                |
| Common Stock 08/31  |  |      |           |                              | L/2005   | 2005  |         |   | S                |  | 900   |       | D           | \$72.01               |  | 39,559  |  | D  |                            |
| Common  | Stock  |      |           | 08/31                        | L/2005   | 5   |         |   | S                |  | 3,000   |       | D           | \$71                  | .84  | 36,559 D  |  |  |                            |
| Common Stock  |  |      |           |                              |  |   |         |   |                  |  |   |       |             |                       |  |   | 496  | I  | By<br>401(k)<br>Plan       |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |      |           |                              |  |   |         |   |                  |  |   |       |             |                       |  |   |  |  |                            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                   | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any  |      |           | 4.<br>Transa<br>Code (<br>8) |  |   |         | 6. Date E<br>Expiratio<br>(Month/D      | n Date           | e<br>ar)   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |       | ount        | Deriv<br>Secu         | Price of<br>rivative<br>curity<br>str. 5)                                  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                            |
|   |  |      |           |                              | Code   | v   | (A)     | (D)                                     | Date<br>Exercisa |  | Expiration<br>Date  | Title | of<br>Sha   | res                   |  |   |  |  |                            |

**Explanation of Responses:** 

Jonathan T. Stewart

09/01/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.