FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|---|-------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| | OMB Number: 3235-028 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* <u>Atkinson Daniel A.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Leidos Holdings, Inc. [LDOS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|---|--------|--|---|--------------------------|----------|--|-----------------------|------|--|--|--|---|--|---|---|--|--|
| (Last) 1750 PR | (Fi ESIDENTS | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024 | | | | | | , | X Officer (give title Other (specify below) SVP, Controller | | | | | | | |
| (Street) RESTON | | | 20190 (Zip) | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| | | | | | | Chec satisf | k this box y the affi | x to inc | dicate e defe | e that a tra | ansa | ction was m s of Rule 10 | iade pursuai 0b5-1(c). Se | e Instructio | | | olan that is i | ntended | to | |
| | | Tab | le I - Nor | 1-Deri | vative | e Se | curitie | s A | cqu | ired, C | Disp | osed o | f, or Be | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | | | | s ally ollowing | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4 | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | | | v | Price | Reported Transact (Instr. 3 a | ion(s) | | | (| | |
| | | ٦ | Fable II - I | | | | | | • | | • | | or Bene ble secu | - | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Dire or li (I) (I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$129.79 | 03/08/2024 | | | Α | | 1,560 | | 03/0 | 08/2025 ⁽¹ |) 0 | 3/07/2031 | Common Stock | 1,560 | \$0 | 1,560 | | D | | |

Explanation of Responses:

1. The options vest and become exercisable in 33 1/3% over three annual installments, beginning on March 8, 2025.

Remarks:

/s/ Ramune M. Kligys by PoA of Daniel A. Atkinson

03/12/2024

** 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 Number.