FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vva3/iiiigtori, *D.* 3. 200-3

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPR | ROVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| 1 | 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>KRAEMER HARRY M JANSEN JR</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Leidos Holdings, Inc. [LDOS] | | | | | | | | (Che | elationshi eck all app | olicable) | ng Pers | Person(s) to Issuer 10% Owner | |
|---|--|--|---------|----------|------------------|---|---|---|--|---|-----------------------|--|----------------------|---|--|---|-----------------------------|---|--|
| (Last) 11951 FF | st) (First) (Middle) 051 FREEDOM DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2017 | | | | | | | | Offic belo | er (give title w) | e title Other below | | (specify |
| (Street) RESTON (City) | RESTON VA 20190 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | |) <mark>X</mark> Forn | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | | Tabl | e I - N | on-Deriv | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or I | 3ene | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Tr Date (Mor | | | | | tion y/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amo Securi Benefi Owned Report | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ction(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 03/30 | | | | | 2017 | 17 | | | A | | 613.4415 ⁽ | 1) A | \$ | 0.000 | 100, | 100,717.005 | | I | By Key Executive Stock Deferral Plan |
| Common Stock | | | | | | | | | | | | | | 6 | 60,706 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise ce of invivative curity (Month/Day/Year) if any (Month/Day/Year) 8) | | | Transa Code (| | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Numbe of Shares | | nt er | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) |). wnership orm: irect (D) r Indirect I (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Dividend equivalent rights.

/s/ Raymond L. Veldman, Attorney-in-Fact

04/03/2017

** 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.