	FORM	-	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							CHA	NGE	ES IN B	HIP		Number ated ave	r: erage burde	3235-0287 າ					
									a) of the Sec Investment			934		hours p	per res	ponse:	0.5		
1. Name and Address of Reporting Person <sup>*</sup> SOPP MARK W							r Name ; , <u>Inc.</u>		ker or Tradir ]	ng Sy	ymbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Executive VP and CFO						
(Last) (First) (Middle) 10260 CAMPUS POINT DRIVE						Date ( 4/13/2		st Trans	saction (Mon	nth/D	0ay/Year)	>							
MAIL STOP D7-N					_ 4.	If Ame	endmen	t, Date o	of Original Fi	iled	(Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN DIEGO CA 92121					_									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	state)	(Zip)																
			ble I - No	1					-	Disp	1			1					
1. Title of Security (Instr. 3) Date (Month/I							2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.					5. Amoun Securities Beneficial Owned Fo Reported	ies Forr ially (D) ( Following (I) (I		Direct	7. Nature o Indirect Beneficial Ownership (Instr. 4)	
									Code	Code V		(A) or (D)	Price	Transactio	on(s) nd 4)	i) 4)			
			Table II -						uired, Di s, options					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)		-	nber of itive ities red (A) posed (Instr.	6. Date Exe Expiration (Month/Day	rcisa	able and			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	s Ily I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	511(5)			
Class A Preferred Stock	\$0 <sup>(1)</sup>	04/13/2009			M <sup>(2)</sup>		8,000		(1)		(3)	Common Stock	8,000	\$14.4633	29,062.1	548	D		
Class A Preferred Stock	\$0 <sup>(1)</sup>	04/13/2009			<b>F</b> <sup>(2)</sup>			7,058	(1)		(3)	Common Stock	7,058	\$17.71	22,004.15	48 <sup>(4)</sup>	D		
Stock Option (Right to	\$14.4633	04/13/2009			M <sup>(2)</sup>			8,000	12/06/2006	(5)	12/05/2010	Class A Preferred Stock	8,000	\$0	179,98	37	D		
Buy)										- L									

Class A Preferred Stock

(1)

(1)

**Explanation of Responses:** 

1. Class A Preferred Stock is convertible into Common Stock on a 1 for 1 basis.

2. The transactions reported in this Form 4 were effected pursuant to a Stock Option Exercise Plan adopted by the reporting person on April 3, 2009.

3. Class A Preferred Stock has no expiration date.

4. As a result of these transactions, Mr. Sopp increased his ownership in SAIC, Inc. by 942 shares of Class A Preferred Stock.

5. The option is exercisable according to the following annual vesting schedule: 20% in years 1, 2 and 3, and 40% in year 4. The date exercisable set forth above is the first anniversary of the date of grant of each option and represents the date on which the option first became exercisable with respect to 20% of the underlying shares in accordance with the aforementioned vesting schedule.

(1)

(1)

**Remarks:** 

Preferred Stock

N. Walker, Attorney-in-fact

Common

Stock

Common

Stock

(3)

(3)

30.238

136

\*\* Signature of Reporting Person

04/14/2009

Date

30,238

136

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Stock

Deferral Plan

By SAIC

Retirement

Plan

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.