FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-0287								
l	Estimated average burden								
1	hours per response:								

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*					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>Fubini David G</u>				LE	<u>Leidos Holdings, Inc.</u> [LDOS]								Ι,	Ck all applic	,		10% O	wner				
														- 1	•	(give title		Other (·			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)			below)	peciny			
1750 PRESIDENTS STREET						05/06/2022																
1700110	201221110	OTTELT.			4 1	4. If Amandment Date of Original Filed (Manth/Dath/s									6 In	6. Individual or Joint/Group Filing (Check Applicable						
(0)															Line)							
(Street) RESTON	v.	Δ	20190												2	K Form f	iled by One	Repo	orting Perso	n		
KESTOI	V VI		20190															e than	One Repo	rting		
(Cit.)	(0)	tata)	(7: _m)													Persor	1					
(City)	(5	tate)	(Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	tr. 3)		2. Trans	saction		2A. Deen		3.			4. Securi				5. Amou				7. Nature		
				Date (Month/	/Day/Ye	ear)	Execution Date, if any		e, Transaction Code (Instr.			Disposed Of (D) (Instr. 3, 4		3, 4 and	Securitie Benefici				of Indirect Beneficial			
		-	(Month/Day/			ar) 8)						Owned F Reported				Ownership (Instr. 4)						
									c _o	de \	,	Amount	(A) or D)	Price	Transact	on(s)					
										_			-	•		(Instr. 3 and 4)						
Common	Stock			05/0	6/202	/2022		A	4		1,106	6 A		\$0	24,83	24,837.8435		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
												onvertil										
1. Title of	2.	3. Transaction	3A. Deeme		4.		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)			ole and	7. Titl			8. Price of	9. Number of		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I		Transa Code (Amount of Securities				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	ce of (Month/Day/Year) 8) Securities Underlying							rlying	ocurity.	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)							
	Security						(A) or							. 3 and			Following		(I) (Instr. 4)			
							Dispos of (D)										Reported Transaction(s)					
							3, 4								(Instr. 4)							
				-		and 5)								Amount								
														0	or Number							
						l	l	lI	Date			xpiration	l	0	of							
					Code	٧	(A)	(D)	Exercis	sable	10	ate	Title		Shares							
Stock Option										(4)			Comn	non	. =0.							
(Right to Buy)	\$104.06	05/06/2022			A		1,784		05/06/2	2023(1)		5/05/2029	Stoc		1,784	\$0	1,784		D			
Duy)		ı		- 1		I	1	1 1	l		1		I	- 1		1	1		I	1		

Explanation of Responses:

1. The option shall vest and become exercisable in full on the earlier of (i) the first anniversary of the Grant Date, or (ii) the date that the next annual meeting of the stockholders of the Company is concluded.

Remarks:

Ramune M. Kligys, Attorney-

05/10/2022

in-Fact

** 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.