| SEC For | | | | | | | | _ | | | | | | | | | | | |
|--|---|--|---|---------|---|--|----------------------------|--------|--|-------|---|---|--|---|---|-------------------------------------|---|---------------------------------------|--|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | SHIP | Estim | | er: verage burder sponse: | 3235-0287 n 0.5 | |
| 1. Name and Address of Reporting Person [*] Dahlberg Gregory R | | | | | | 2. Issuer Name and Ticker or Trading Symbol Leidos Holdings, Inc. [LDOS] | | | | | | | | Relationship heck all appli X Directo | cable) | ng Pers | son(s) to Iss 10% Ov | | |
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024 | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 1750 PRESIDENTS STREET | | | | | - 4.1 | Line) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | |
| (Street) RESTON | Street) RESTON VA 20190 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | R | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vative | e Sec | curit | ies Ac | quired, | Dis | sposed c | of, or Be | eneficia | Ily Owned | ł | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | ar) E | any | med on Date, Day/Yea | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | 3, 4 and 5) Securitie Benefici Owned F | | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common Stock 02/26/ | | | | 5/2024 | 1 | | | М | | 4,788 | A | \$52. | 7 20 | ,195 | <u> </u> | D | | | |
| Common Stock 02/26/2 | | | | | 5/2024 | | | | F ⁽¹⁾ | | 2,002 | D | \$126. | 06 18 | ,193 | D | | | |
| | | Т | able II - | | | | | | | | oosed of converti | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | e | 7. Title ar Amount o Securities Underlyir Derivativo (Instr. 3 a | of s g e Security nd 4) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | s Ily I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$52.7 | 02/26/2024 | | | М | | | 4,788 | 05/11/20 | 18 | 05/11/2024 | Common Stock | 4,788 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Represents shares of common stock withheld by the issuer in connection with the option exercise to cover the exercise price and associated fees.

Remarks:

/s/ Ramune M. Kligys by PoA

02/27/2024 of Gregory R. Dahlberg

** 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.