FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-0287

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	T OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	EKSHIP	OMB Number: Estimated average bu hours per response:	32 urden
1. Name and Address of Reporting Persor	*	2. Issuer Name and Ticker or Trading Symbol Leidos Holdings Inc. [LDOS]	5. Relationship of F (Check all applicab	Reporting Person(s) to le)	o Issi

1. Title of	2.	3. Transact	tion 34	. Deemed	4.	5. N	Numb	er 6.	Date E	xercisable and	d 7.1	Fitle and	8. Price	of 9. Number	of	10.	11. Nature		
			Table	II - Derivati (e.g., pu		Securities calls, war								ned					
Common Stock 08/13/2024								S		1,000	D	\$144.016	9 ⁽¹⁾	11,264		D			
								Code V		Amount	ount (A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ar)	2A. Deemed Execution Dat if any (Month/Day/Ye	· /	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Se Be Ov Fo	5. Amount of Securities Beneficially Owned Following	Form (D) o Indire	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Table I -	Non-Deriva			s A	•	ed,				-						
										transaction wa inditions of Rul				nstruction or writ	ten plar	n that is inte	ended to		
(City)	(5		Rule 10b5-1(c) Transaction Indication																
(Street) RESTON VA 20190														orm filed by Mo erson	ore thar	n One Rep	oorting		
(Chroat)														Line) Form filed by One Reporting Person					
1750 PRESIDENTS STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Last)	(F	First)	(Mid	dle)	3. Date of Earliest Transaction (Month/Day/Year) 08/13/2024									Officer (give title below)		Other (below)	(specify)		
1. Name and Address of Reporting Person [*] May Gary Stephen					2. Issuer Name and Ticker or Trading Symbol Leidos Holdings, Inc. [LDOS]								heck all	ionship of Reporting all applicable) Director		son(s) to I 10% C			

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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices from \$143.83 to \$144.38 inclusive. The reporting person undertakes to providing to Leidos Holdings, Inc., any security holder of Leidos Holdings, Inc., or the staff of the Securities Exchange Commission upon request, full information regarding the number of shares sold at each separate price within the aforementioned range.

Remarks:

/s/ Ramune M. Kligys by PoA 08/14/2024

of Gary Stephen May

** 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.