FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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*  Shea K Stuart						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Leidos Holdings, Inc.</u> [ LDOS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 09/27/2013								X Officer (give title below) Other (specify below)  President and COO					(specify
(Street)	·				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) $X$ Form filed by O			up Filing (Check Applicable ne Reporting Person ore than One Reporting		son
(City)	(St		Zip) 	on-Deriv	ative	Sec	uritie	<u></u>	auire	-d D	isposed o	f or B	enefic	-ial	lly Owne	2d			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/	on	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				09/27/2013					A		1,931(1)	A	\$0.0	00	35,209.	1017(2)(3)	Ι	)	
Common Stock				09/27/2013				A		14,165(4)	A	\$0.0	00 49,374.1017		Ι	)			
Common Stock				09/27/2013				A		215 <sup>(1)</sup>	A	\$0.0	00	10,366.5344(2)		]	I	By Key Executive Stock Deferral Plan	
Common Stock				09/27/2013		3		A		1,574 <sup>(4)</sup>	A	\$0.0	0.00 11,940.5344		0.5344	I		By Key Executive Stock Deferral Plan	
Common Stock														3,333(5)		]	I	By Retirement Plan	
	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)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any			ion Date,	Code (II				6. Dat Expira (Mont	ation E		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		1 5	B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O Fo Oi (I)	0. wnership orm: irect (D) r Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		Amoun or Numbe of Shares	r					

## **Explanation of Responses:**

- $1. \ Represents \ restricted \ share \ units, \ which \ vest \ on \ January \ 31, \ 2014.$
- 2. Reflects (i) adjustments to outstanding equity awards related to the spin-off of Science Applications International Corporation by Leidos Holdings, Inc. and (ii) the 1-for-4 reverse stock split of common stock of Leidos Holdings, Inc. on September 27, 2013.
- $3.\ Includes\ all\ shares\ of\ common\ stock\ of\ Leidos\ Holdings,\ Inc.\ held\ in\ the\ Employee\ Stock\ Purchase\ Plan\ as\ of\ August\ 5,\ 2013.$
- 4. Represents restricted share units and dividend equivalent rights, which vest on January 31, 2015.
- 5. As of September 30, 2013.

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

10/01/2013

\*\* 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.