FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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*  KRAEMER HARRY M JANSEN JR				2. Issuer Name and Ticker or Trading Symbol Leidos Holdings, Inc. [ LDOS ]							(Che	5. Relationship of Reporting (Check all applicable)  X Director			g Person(s) to Issuer				
(Last) 1750 PR	(F ESIDENTS	irst) STREET	(Middle)			3. Date of Earliest Transa 05/10/2021				saction (Month/Day/Year)					give title		Other (s below)	·	
(Street) RESTON	Ň V	A	20190		4.	4. If Amendment, Date of Original					Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(S	itate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		(A) or 3, 4 and 5)	nd 5) Securities Beneficially Owned Follow		Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	\ \ \ Amount   (A) or   Price   Transa		Reported Transactio (Instr. 3 an				Instr. 4)			
Common	Stock			05/1	0/202	1			M		11,685	A	\$28.8441	87,5	87,517		D		
Common	Stock			05/1	0/202	2021			F <sup>(1)</sup>		3,240	D	\$104.03	84,2	277	D			
Common Stock													115,709	9.0191		I 5	By Key Executive Stock Deferral 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deem Executior if any (Month/Day		Date, Transactio					6. Date Exerci Expiration Da (Month/Day/Ye		ite	7. Title and Amoun of Securities Underlying Derivati Security (Instr. 3 ar 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	re Ownes For ally or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v			Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Stock Option (Right to Buy)	\$28.8441	05/10/2021			M			11,685 <sup>(2)</sup>	06/13/2	2015	06/12/2021	Common Stock	11,685(2)	\$0	0		D		

- 1. Represents shares of common stock withheld by the issuer in connection with the option exercise to cover the exercise price and associated fees.
- 2. This stock option was previously reported as a stock option grant for 8,636 shares of common stock at an exercise price of \$39,03 per share. The number of options and the exercise price were subsequently adjusted to reflect a special dividend declared by the issuer in August 2016. This stock option was incorrectly reported previously as allocated to indirect holdings through the issuer's Key Executive Stock Deferral Plan.

## Remarks:

/s/ Ramune M. Kligys, Attorney-in-Fact

05/12/2021

\*\* 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.