FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
rvasinigton,	D.C.	20343	

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNEDSHID
SIAIEMENI	OF CHANGE	3 IN DENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Shea K Stuart						2. Issuer Name and Ticker or Trading Symbol SAIC, Inc. [ SAI ]								Check	all applica Director	ble)	10% Ov		vner
(Last) 1710 SA	(F IC DRIVE	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/02/2010								X Officer (give title Other (specify below)  Group President					
(Street) MCLEA	N V.	A	22102										6. Individual or Joint/Group Filing (Check Applicab Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					n	
(City)	(S	tate)	(Zip)																
1. Title of S	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction Date  2. Transaction Date  2. Transaction Date  3. Transaction Disposed Of (D) (Instr. 3, 4 and 5)  3. Transaction Disposed Of (D) (Instr. 3, 4 and 5)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)  5. Amount of Securities Prom: Direct Indirect									. Nature of									
				(Month/Day/Year)					Code (Instr. 8)			. ,		Beneficially Owned Following Reported			(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transaction Instr. 3 and				,
Common	Stock			04/04	4/2010	0			F		903	D	\$17.4	42	41,349.9	93(1)	D		
Common	Stock			04/0	2/2010	0			A		578.6452	A	\$17.4	42	13,080.	By Key Executiv ,080.657 I Stock Deferral Plan		Executive Stock Deferral	
Common	Stock														11,083.0	,083.0113 I By SAIC Retiremen Plan			Retirement
			Table II	- Deri (e.g.	vativ	e Se s, ca	curities Ils, warr	Acq	uired, s, opti	Dis ons,	posed of, convertib	or Bene ole secu	eficiall ırities)	ly Ov )	wned				
1. Title of Derivative Security (Instr. 3)	of 2.  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  4.  Transaction Deriva Security  Acquir or Display of (D) (D)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			te of Securities			8. Price of Derivative Security		9. Numb derivati Securiti Benefic Owned Followin Reporte	ve ies ially ng	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shar	er	Transaction(s) (Instr. 4)				
Stock Option (Right to	\$17.42	04/02/2010			A		104,270		04/02/20	)11 <sup>(2)</sup>	04/01/2015	Common Stock	104,2	270	\$0	104,	270	D	

## **Explanation of Responses:**

- 1. Includes 340.5161 shares acquired under the SAIC, Inc. 2006 Employee Stock Purchase Plan during the period January 1, 2010 through March 31, 2010.
- 2. The option is exercisable according to the following annual vesting schedule: 20% in years 1, 2 and 3, and 40% in year 4. The date exercisable set forth above is the first anniversary of the date of grant of each option and represents the date on which the option first became exercisable with respect to 20% of the underlying shares in accordance with the aforementioned vesting schedule.

## Remarks:

N. Walker, Attorney-in-fact

04/06/2010

\*\* Signature of Reporting Person

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.