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). | S |
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| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* Carter David M | | | | | <u>K</u> | 2. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [KTOS] | | | | | | | | heck all appl Direc | icable) or r (give title | r | | ner pecify | |
|--|---|------------------------|---|---|---|--|--------------|-----------------------------------|----------------------------------|----------------------------|--------------------------|------------------------------|--------------------------------------|--|-----------------------------------|---|--|---------------------------------------|--|
| (Last) 10680 T | ` | irst) REET, SUITE 6 | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2019 | | | | | | | | | President, DRSS Division | | | | | | |
| (Street) SAN DIEGO CA 92131 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | action | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa | 3. Transaction Code (Instr. | | ies Acquire Of (D) (Ins | ed (A) or | 5. Amo Securit Benefic | unt of ies cially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | ction(s) s and 4) | | | (Instr. 4) | | |
| Common Stock 01/17 | | | | 7/2019 | 2019 | | M | | 20,000 | (2) A | \$(| 132 | 132,945 ⁽⁴⁾ | | D | | | | |
| Common Stock 01/1 | | | 7/2019 | 2019 | | F | | 7,006 | 3) D | \$13 | 87 125 | 125,939 ⁽⁴⁾ | | D | | | | | |
| | | - | Γable ΙΙ - | | | | | | | | osed of, converti | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactior Code (Instr 8) | | n of | | 6. Date E Expiration (Month/I | n Dat | e of Secu ar) Underly | | ig e Security | Derivative Security | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |
| Restricted Stock | (1) | 01/17/2019 | | | M | | | 20,000 | (2) | | (2) | Common Stock | 20,000 | \$0 | 0 | | D | | |

Explanation of Responses:

- 1. Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of Issuer's common stock.
- 2. RSUs were granted and previously reported on a Form 4 filed January 7, 2014; the underlying common stock was released for settlement on January 17, 2019.
- 3. Shares withheld in a net transaction to satisfy the minimum tax liability, in accordance with Issuer's trading policies, in connection with shares released as reported in this Form 4.
- 4. Includes 12,320 shares purchased through Issuer's Employee Stock Purchase Plan and approximately 13,376 shares held in Issuer's 401(k) Plan.

David M. Carter, by Eva Yee,

** Signature of Reporting Person

Attorney-In-Fact

01/18/2019

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.