FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washing

ton, D.C. 20549	OMB APPROVAL

ı								
l	OMB Number:	3235-0287						
	Estimated average burden							
l	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*  Zegart Amy					2. Issuer Name <b>and</b> Ticker or Trading Symbol KRATOS DEFENSE & SECURITY							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> Legail</u>	<u> </u>											X Directo	r	10% Ov	vner		
(Last) (First) (Middle)					SOLUTIONS, INC. [ KTOS ]							Officer below)	(give title	Other (s below)	pecify		
4820 EASTGATE MALL						3. Date of Earliest Transaction (Month/Day/Year)											
						06/19/2018											
SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
				"	II AIIIe	nument, t	Dale	oi Originai File	tu (IVIOITIITI/Da	ty/ rear)	Line		olliv Group Filli	ig (Check App	Jiicabie		
(Street)			00404									X Form fi	led by One Re	porting Persor	า		
SAN DII	EGO CA	A	92121									Form fi	led by More th	an One Repor	ting		
												Person					
(City)	(St	ate)	(Zip)														
		Tab	le I - Non-I	Derivati	ve Se	curities	s Ac	quired, Di	sposed o	f, or Be	neficial	ly Owned					
1. Title of S	Security (Inst	r. 3)	2.	. Transactio	ction 2A. Deemed 3. 4. Securities Acquired (A)						ed (A) or	5. Amou	nt of 6. 0	Ownership	7. Nature		
		0,		ate Month/Day/	Execution Date, Transaction Disposed Of (D) (Instr. 3,					tr. 3, 4 and	Securitie Beneficia	s Fo	m: Direct	of Indirect Beneficial			
(Month/L			wontinbayi	ay/Year)   if any   Code (Instr.   5)   (Month/Day/Year)   8)						Owned F	ollowing (i)	Instr. 4)	Ownership				
								Code V	Amount	(A) or	Price	Reported Transact			(Instr. 4)		
					Code V Amount (A) or (D)					Price	(Instr. 3	and 4)					
		7	Table II - De	erivativ	Seci	urities	Aca	uired, Dis	posed of	or Ben	eficially	Owned					
								, options,									
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numl	ber	6. Date Exerc	isable and	7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	ersion Date Execution		te, Tran	action	of Derivative		Expiration Date of Securities (Month/Day/Year) Underlying			ies	Derivative	derivative Securities	Ownership	of Indirect		
			(Instr.	Securities		Derivative Se				Security (Instr. 5)	Beneficially	Form: Direct (D)	Ownership				
Derivative Security				.   .	Acquired (Instr. 3 and 4) (A) or Disposed					nd 4)		Owned Following Reported	or Indirect (I (I) (Instr. 4)	(Instr. 4)			
					of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)		1		
					Т	<u> </u>	Ė				Amount	1	ļ .				
											or				1		
								Date	Expiration		Number of				1		
				Code	· V	(A)	(D)	Exercisable	Date	Title	Shares						
Restricted Stock Units	(1)	06/19/2018		A		10,000		(2)	(2)	Common Stock	10,000	\$0	10,000	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 vest 100% on the first anniversary of the date of grant, unless earlier vested or terminated pursuant to the terms of the RSU agreement.

Amy Zegart, by Eva Yee, 06/21/2018 Attorney-In-Fact

\*\* 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.