## FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

|  |         |              |                                       |   | t to Section 16(a) o<br>tion 30(h) of the Inv |   |      |                                      |        | 34        |   |            | ated average burd<br>per response:                                | len<br>0.5  |  |
|--|---------|--------------|---------------------------------------|---|---|---|------|--------------------------------------|--------|-----------|---|------------|---|---|--|
| 1. Name and Address of Reporting Person <sup>*</sup><br><u>Carrai Phillip D</u><br>(Last) (First) (Middle) |         |              |                                       | 2. Issuer Name and Ticker or Trading Symbol <u>KRATOS DEFENSE &amp; SECURITY</u> <u>SOLUTIONS, INC.</u> [ KTOS ]     3. Date of Earliest Transaction (Month/Day/Year) |   |   |      |                                      |        |           | k all applicable)<br>Director<br>Officer (give<br>below)                      | )<br>title | below)  | wner<br>(specify  |  |
| 10680 TREENA STREET, SUITE 600   |         |              |                                       | <ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>  |   |   |      |                                      |        |           | President, STC Division 6. Individual or Joint/Group Filing (Check Applicable |            |   |   |  |
| (Street)<br>SAN DIEGO  | СА      | 92131        |                                       |   | ,   |   |      | (                                    | ,      | Line)     | Form filed by   | y One      | e Reporting Pers  | son   |  |
| (City)   | (State) | (Zip)        |                                       |   |   |   |      |                                      |        |           | Person  |            |   |   |  |
|  |         | Table I - No | n-Derivativ                           | ve Se   | ecurities Acqu                                | uired,                                  | Disp | oosed of, o                          | or Ben | eficially | v Owned   |            |   |   |  |
| Date   |         |              | 2. Transactio<br>Date<br>(Month/Day/Y | Execution Date  |   | 3.<br>Transaction<br>Code (Instr.<br>8) |      | 4. Securities<br>Disposed Of (<br>5) |        |           | 5. Amount of<br>Securities<br>Beneficially<br>Owned Follow<br>Reported        | /ing       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |         |              |                                       |   |   | Code                                    | v    | Amount                               | (A) or | Price     | Transaction(s)  |            |   | (   |  |

|   |            |  |                         | Ľ. |                      | (D) |      | (Instr. 3 and 4) |   |          |
|---|------------|--|-------------------------|----|----------------------|-----|------|------------------|---|----------|
| Common Stock  | 06/02/2022 |  | <b>S</b> <sup>(1)</sup> |    | 3,000 <sup>(1)</sup> | D   | \$15 | 172,638(2)       | D |          |
| Common Stock  |            |  |                         |    |                      |     |      | 46,644           | Ι | by trust |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned |            |  |                         |    |                      |     |      |                  |   |          |

|   |   |  | (e.g., pı   | uts, ca                      | alls, v | warra | ants, | options, o                                     | convertib          | le se                         | curities   | 5) |  |  |
|---|---|--|---|------------------------------|---------|-------|-------|--|--------------------|-------------------------------|--|----|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |         | of    |       | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y | ate                | Amou<br>Secu<br>Unde<br>Deriv | itle and<br>bunt of<br>urities<br>lerlying<br>vative<br>urity (Instr.<br>d 4)<br>8. Price of<br>Derivative<br>Security<br>(Instr. 5) |    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   | Code                         | v       | (A)   | (D)   | Date<br>Exercisable                            | Expiration<br>Date | Title                         | Amount<br>or<br>Number<br>of<br>Shares   |    |  |  |

Explanation of Responses:

1. This transaction was effected pursuant to a 10b5-1 trading plan adopted by the reporting person.

2. Includes 11,385 shares purchased through Issuer's Employee Stock Purchase Plan and approximately 1,991 shares held through Issuer's 401(k) Plan.

Phillip D. Carrai, by Eva Yee, 06/03/2022 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.