FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205

| 49 | OMB APF | ROVAL |
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| NEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |
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| Check this box if no longer subject | C |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BEN

| | | OIVID APPROVAL | | | | | | |
|-----------------|----------------------|--|------|--|--|--|--|--|
| OWN | ERSHIP | OMB Number: 3235-0 Estimated average burden | 0287 | | | | | |
| t of 1934 40 | | hours per response: | 0.5 | | | | | |
| | 5. Relationship of F | Reporting Person(s) to Issuer | | | | | | |

| | tion 1(b). | ide. dee | | Filed | | | | | | | ties Exchang mpany Act o | | f 1934 | | nours | per re | esponse: | 0.5 |
|--|------------|-----------|---|--|---|------|--|-----------------------|---|--|---|--|--|----------|-------|--------|-------------|-----|
| 1. Name and Address of Reporting Person* Fendley Steven S. | | | | 2. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [KTOS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spec | | | wner | | | |
| (Last) (First) (Middle) 10680 TREENA STREET, SUITE 600 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024 | | | | | | | | X Ollicer (give title Other (specify below) President, US Division | | | | | | | |
| (Street) SAN DII | EGO CA | Δ 9 | 2131 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X Fori Fori | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution Date, | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | nd Secu Bene Owne | ficially ed Following | Form (D) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) | |
| Common Stock 03/08/2 | | | | 2024 | | F | | 52,464 ⁽¹⁾ | D | \$18 | .24 42 | | | D | | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | ed | | | |
| 1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | ion Date, | 4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. Shares withheld in a net transaction to satisfy the tax liability, in accordance with Issuer's trading policies, in connection with shares vested February 29, 2024 from performance restricted stock units as reported on a Form 4 filed March 4, 2024 and released March 8, 2024.
- 2. Includes approximately 1,313 shares held through Issuer's 401(k) Plan.

Steven S. Fendley, by Eva 03/12/2024 Yee, 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.