FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | ROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

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

| , | OMB Number: 3235-0 | | | | | | | | |
|--|--------------------------|-------|--|--|--|--|--|--|--|
| | Estimated average burden | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |
| | | | | | | | | | |
| nship of Reporting Person(s) to Issuer applicable) | | | | | | | | | |
| Director | 10% | Owner | | | | | | | |

| Name and Address of Reporting Person* ANDERSON SCOTT I | | | | | | Exact Name and licker or Irading Symbol KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [KTOS] | | | | | | | | | Check all | applicable) irector | | | Owner | |
|--|---|------|---|---------|------------|--|---|------|--|--------------------------------------|----------------------|---|------------------------|-------------|--|--|----------|---|--|--|
| SOLUTI | (Last) (First) (Middle) C/O KRATOS DEFENSE & SECURITY SOLUTIONS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/23/2016 | | | | | | | | | | Officer (give titl below) | | below) | (specify | |
| 4820 EASTGATE MALL (Street) SAN DIEGO CA 92121 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | | | Zip) | | - | | | | | | | | | | | erson | iore ti | nuir One Rep | Orting | |
| | | Tabl | e I - No | n-Deriv | vative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | efici | ally Ov | ned | | | | |
| Date | | | | Date | ate | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Se Be Ov | Amount of curities neficially ned Following ported | Fo (D | Ownership orm: Direct o) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common | Common Stock | | | | 11/23/2016 | | | | P | | 33,333 | (1) | A \$ | | 6 96,734 | | | D | | |
| Common Stock | | | | | | | | | | | | | | 2,000 | | I | by trust | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/D | n Date, | Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivati Security (Instr. 5 | derivative Securities | ily | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | V (A) | | (D) | Date Exercisa | ıble | Expiration Date | Title | or Nun of Sha | nber res | | | | | | |

Explanation of Responses:

1. These shares were purchased pursuant to an underwritten public offering of the Issuer that closed on November 23, 2016.

Scott I. Anderson, by Eva Yee, Attorney-In-Fact

11/28/2016

** 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.