FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person*  MILLS THOMAS E IV					KR	2. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [ KTOS ]									all app	licable)	g Person(s) to Is 10% Ov Other (s		wner
(Last) (First) (Middle) 10680 TREENA STREET, SUITE 600					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024									belov		5ISR	below)		
(Street) SAN DIEGO CA 92131 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)						
		Table	1-1	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	isposed o	of, or	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Tran			2. Transaction Date (Month/Day/Ye	2A. Deemed Execution D if any (Month/Day/		ned 3 n Date, T				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Secur Benef Owne		icially d Following	Forn (D) c Indir	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							c		ode	v /	Amount	(A) or (D)	Price		Transa	Reported Fransaction(s) Instr. 3 and 4)		tr. 4)	(Instr. 4)
Common Stock				12/16/2024	24		S		S <sup>(1)</sup>		11,516(1)	D	\$27.97	768 <sup>(2)</sup>	12,315(3)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 33. Deemed Execution Date if any (Month/Day/Year)		cution Date,	Code 8)	ansaction of de (Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu 3 and	Amount or Number of	Deri Sec (Ins	rice of ivative urity tr. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on May 31, 2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$27.36 to \$28.57 inclusive. The reporting person undertakes to provide to Issuer, any security holder of Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to this Form 4.
- 3. Includes 305 shares purchased through Issuer's Employee Stock Purchase Plan and approximately 3,373 shares held through Issuer's 401(k) Plan.

Thomas E. Mills, by Eva Yee, 12/18/2024 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.