FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
I = -4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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).

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-

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 ar	KF	2. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
	SC	SOLUTIONS, INC. [KTOS]									1	Office	er (give title		Other (
(Last)		3. Date of Earliest Transaction (Month/Day/Year)									below) below) President, US Division									
10680 TI	REENA ST	08/	08/26/2024																	
(Street)	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
SAN DIEGO CA 9213				1												Form filed by One Reporting Person				
(Obt.) (Obt.) (77a)																Form Perso	filed by Moi on	re tha	in One Rep	orting
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					ar) E	2A. Deemed Execution Date if any (Month/Day/Ye		Ti C	3. Transactio Code (Inst 8)						nd 5) Secur Benef Owne		icially d Following	Forr (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership
					С	ode	v	Am	nount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Inst	tr. 4)	(Instr. 4)			
Common	4				S ⁽¹⁾		7,	,000(1)	D	\$22.5753 ⁽²⁾		370,389(3)			D					
		Tal	ble	II - Derivati (e.g., pu												Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date (month/Day/Year) if any			ecution Date, ny	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			te	7. Title and Amount of Securities Underlying Derivative Security (Inst 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 Exercisab			Expiration Date	Title	Amoun or Numbe of Shares	r							

Explanation of Responses:

- 1. This transaction was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on June 1, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.30 to \$23.03 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 approximately 1,877 shares held through Issuer's 401(k) Plan.

Steven S. Fendley, by Eva 08/28/2024 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.