1. Name and Address of Reporting Person
Cervantes de Burgreen Maria
(Last) (First) (Middle)
10680 TREENA STREET, SUITE 600
City State Zip

2. Issuer Name and Ticker or Trading Symbol
KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [KTOS]

3. Date of Earliest Transaction (Month/Day/Year)
03/16/2020

5. Relationship of Reporting Person(s) to Issuer
Director
Officer (give title below) VP & Corporate Controller
10% Owner
Other (specify below)

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 Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>03/16/2020</td>
<td></td>
<td>P</td>
<td>1,180</td>
<td>A $10.9978</td>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Open market purchase of Issuer's common stock made in accordance with Issuer's trading policies.
2. Includes 3,750 shares purchased through Issuer's Employee Stock Purchase Plan; approximately 3,695 shares held in Issuer's 401(k) Plan; and 10,000 RSUs that vest on May 12, 2021, subject to the terms of an RSU agreement, as reported on a Form 3 previously filed May 20, 2016.

Maria Cervantes de Burgreen,
by Eva Yee, Attorney-In-Fact
03/16/2020

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).
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.