FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

	OMB APPROVAL									
1										
	OMB Number:	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Lund Deanna H</u>					SOLUTIONS, INC. [ KTOS ]									Director		10% Ow	· I	
					SOLUTIONO, IIVC. [ K105 ]								X Officer below)	Officer (give title		Other (s below)	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							EVP & CFO					
4820 EASTGATE MALL					01/04/2017								211	. 01				
(Street)				Z	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN DII	EGO C	A	92121									,	Form filed by One Reporting Person					
(0:)			( <del>-</del> : )										Form filed by More than One Reporting Person			ting		
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				Transaction te Execution Date, onth/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Yea		3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3,				5. Amour				7. Nature of ndirect				
			(Month/Day			ay/Yeai	Code (Instr. ar) 8)				,	Beneficia Owned F	ollowing (i) (li		nstr. 4) (	Beneficial Ownership		
								Code	v	Amount	ount (A) or (D)		Reported Transacti (Instr. 3 a	tion(s)			Instr. 4)	
			Table II - D	erivativ	e Sec	urities	Acai	uired. Di	isno	sed of	or Ben	eficially	Owned			<u> </u>		
								, option					O T T T T T T T T T T T T T T T T T T T					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)				
Restricted Stock Units	(2)	01/04/2017		A		125,000		(1)		(1)	Common Stock	125,000	\$0	125,00	0	D		

## **Explanation of Responses:**

1. 62,500 Restricted Stock Units (RSUs) vest 100% on the five year anniversary of the date of grant, unless earlier vested or terminated pursuant to the terms of the RSU agreement. The other 62,500 RSUs vest 20% upon each 10% increase in the closing market price of the Issuer's common stock measured from the RSU grant date through the 10-year anniversary of the RSU grant date, unless earlier vested or terminated pursuant to the terms of the RSU agreement (provided that such increase in the closing market price of common stock is sustained for twenty consecutive trading days).

2. Each RSU represents a contingent right to receive one share of Issuer's common stock.

<u>Deanna H. Lund, by Eva Yee,</u> <u>Attorney-In-Fact</u>

01/05/2017

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.