FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 | | E. Issuer Name and Ticker or Trading Symbol KRATOS DEFENSE & SECURITY SOLUTIONS, INC. [KTOS] | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title | | 10% Ow Other (s | | vner | | | | |
|---|--|--|--|---|---|--|---|--|---|--------|--|--|---------------------------------------|---|--|---|--|---------------------------------------|--|--|
| (Last) 10680 TI | (Fi REENA ST | rst) (PREET, SUITE 6 | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021 | | | | | | | | | A | below) below) President, STC Division | | | | | |
| (Street) SAN DIEGO CA 92131 (City) (State) (Zip) | | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (31 | | | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ction(s) 3 and 4) | | | (11301. 4) | | |
| Common Stock | | | | 03/04/ | 2021 | | | | A ⁽¹⁾ | | 75,000 ⁽¹ |) / | A | \$0 169 | | 59,927 ⁽²⁾ | | D | | |
| Common Stock | | | | | | | | | | | | | 46,644 | | | I | by trust | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |

Explanation of Responses:

- 1. Shares acquired pursuant to the settlement of a Performance Restricted Stock Unit award granted on January 4, 2018.
- $2. \ Includes \ 11,845 \ shares \ purchased \ through \ Issuer's \ Employee \ Stock \ Purchase \ Plan \ and \ approximately \ 891 \ shares \ held \ through \ Issuer's \ 401(k) \ Plan.$

Phillip D. Carrai, by Eva Yee,

03/08/2021

Attorney-In-Fact

** Signature of Reporting Person

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.