FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| eck this box if no longer subject |
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| Section 16. Form 4 or Form 5 |
| igations may continue. See |
| truction 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 and Address of Reporting Person* SHRADER RALPH W | | | | | 2. Issuer Name and Ticker or Trading Symbol Booz Allen Hamilton Holding Corp [BAH] | | | | | | | | | | ationship of Reporti k all applicable) Director Officer (give title | | 10% O | | |
|---|--|---------|------------------------------|--|--|--|--|-----|--|--|------------|-------------|-----------------------------|--|--|--|--|----------|----------------------------|
| (Last) (First) (Middle) 8283 GREENSBORO DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024 | | | | | | | | | belov | | | below) | | | |
| (Street) MCLEAN VA 22102 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Form Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or visatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | uction or writt | ten pla | an that is inte | ended to | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | ay/Year) if an | | A. Deemed secution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 3 | | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (IIISU. 4) |
| Class A Common Stock 02 | | | | 02/01/ | /2024 | | | | G | | 28,200 | Г |) | \$0 ⁽¹⁾ | 78 | 782,890 | | I | By Trust ⁽²⁾ |
| Class A Common Stock | | | | | | | | | | | | 15 | ,103(3) | D | | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | 4. Transa Code (8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ount ber | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Bona fide gift by the Reporting Person for no consideration.
- 2. Shares held by the Ralph W. Shrader Revocable Trust.
- 3. Includes shares of Class A restricted common stock.

Remarks:

By: /s/ Lubna Malik, as Attorney-in-Fact for Ralph W. 02/02/2024 Shrader

** 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.