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 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: 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* <u>Thompson Elizabeth M</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Booz Allen Hamilton Holding Corp [BAH] | | | | | | | | | Check | ationship of Reporti (all applicable) Director Officer (give title | | 10% Ow | | wner | | |
|--|---|--|--|---|-------|---|---------|---|------------------------------------|--|---------------------|--|-------------|--|---|-------------------------|---|--|---|---------------------------------------|
| (Last) 8283 GR | (Fii EENSBOR | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017 | | | | | | | | | X | belov | v) | Other (specify below) Personnel Officer | | |
| (Street) MCLEAI (City) | | | 22102 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | . Indivine) | Form | r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | |
| Date | | | | n/Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (| (A) or (D) | | | | | | | (111501.4) | |
| Class A C | Common Sto | ock | | 06/30 | /2017 | | | | F | | 2,078 | | D | \$32 | .54 | 30,661 ⁽¹⁾ D | | | | |
| Class A C | Common Sto | ock | | 07/03 | /2017 | | | | A | | 4,512(2 | 2) | Α | \$ | \$0 35,173 ⁽¹⁾ D | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transacti Code (Ins | | | on of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | (D) irect | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ıres | | | | | | |

Explanation of Responses:

- 1. Includes restricted stock units.
- 2. Grant of restricted stock units under the Issuer's Second Amended and Restated Equity Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Class A common stock upon vesting. One-third of these restricted stock units are scheduled to vest and settle on each of March 31, 2018, 2019 and 2020.

Remarks:

By: /s/ Udele Lin, as Attorney-

in-Fact for Elizabeth M.

<u>Thompson</u>

** Signature of Reporting Person Date

07/05/2017

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.