## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP

l	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	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*  McClain Gretchen W						2. Issuer Name and Ticker or Trading Symbol Booz Allen Hamilton Holding Corp [ BAH ]										olicable)	• ( )	Person(s) to Issuer 10% Owner	
(Last) 8283 GR	(Fi	,	Middle)			ate of 21/20		t Trans	saction (	n/Day/Year)				Offic below	er (give title w)		Other (specify below)		
(Street)  MCLEAT			22102 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Benef	icially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. 4. Securities Acquir Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Inst					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) (D)	or Pri	ce	Trans	action(s) 3 and 4)		(111511.4)				
Class A C	Common Sto	ock		08/21/	/2018				S		1,985	Ι	\$5	50.03(1)	26	6,287 <sup>(2)</sup> D			
Class A C	Common Sto	ock		08/23/	/2018				S		5,015	Ι	\$5	50.19 <sup>(3)</sup>	<sup>(3)</sup> 21,272 <sup>(2)</sup> D				
		Та	ble II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	n Date, Transact Code (In				6. Date Expirati (Month)	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Coo	Code	v	(A)	(D)	Date Exercis	Expiration cisable Date Title Shares									

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$50.03 to \$50.04, inclusive. The Reporting Person undertakes to provide to Booz Allen Hamilton Holding Corporation, any of its security holders, or the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 2. Includes shares of Class A restricted common stock.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$50.09 to \$50.31, inclusive. The Reporting Person undertakes to provide to Booz Allen Hamilton Holding Corporation, any of its security holders, or the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

By: /s/ Udele Lin, as Attorney-

08/23/2018 in-Fact for Gretchen W.

\*\* 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.