FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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(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

					or S	Section	n 30(h)	of the	Investm	nent C	company Act	of 1940)						
						2. Issuer Name and Ticker or Trading Symbol Booz Allen Hamilton Holding Corp [BAH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 1001 PENNSYLVANIA AVE. NW SUITE 222 SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 02/06/2015									Offic below	er (give title w)	•	Other below	(specify)
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
		Tabl	e I - N	on-Deriv	ative	Sec	curitie	s Ac	quire	d, Di	isposed (of, or	Bene	eficially	/ Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					ion	n 2A. Deemed Execution Date,		3. 4		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			or	5. Amor Securit Benefic Owned	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Class A Common Stock 02/06/201					015	15		S		12,000,000 D) 9	\$28.36	42,660,000			I	See Footnote ⁽¹⁾	
		Та	ıble II								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	Amou Secur Unde Deriv Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	nber					
		Reporting Person*	<u>C</u>																
(Last)		(First)	(M	liddle)		_													

				Couc	Ľ							
1. Name and Address of Reporting Person* EXPLORER COINVEST LLC												
EAPLC	KER CC	INVEST LL	<u>C</u>									
(Last)		(First)	(Middle)		_							
1001 PEI	1001 PENNSYLVANIA AVE. NW											
SUITE 222 SOUTH												
(Street)												
WASHIN	WASHINGTON DC 20004-25											
(City)		(State)	(Zip)									
Name and Address of Reporting Person* Explorer Manager, L.L.C.												
(Last)		(First)	(Middle)		_							
1001 PENNSYLVANIA AVE. NW												
SUITE 222 SOUTH												
(Street)					_							
l ` ′	IGTON	DC	20004-2505	5								
(City)		(State)	(Zip)									

Explanation of Responses:

1. Explorer Coinvest LLC is the record holder of these shares Explorer Manager, L,L,C., as the non-member manager of Explorer Coinvest LLC, shares the power to vote and dispose of these shares.

Member

EXPLORER MANAGER,

** Signature of Reporting Person

<u>L.L.C., By: /s/ David B.</u> <u>02/06/2015</u>

Pearson, Member

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.