**Statement of Changes in Beneficial Ownership**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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**1. Name and Address of Reporting Person**

LABOVICH GARY D

(Last) (First) (Middle)

8283 GREENSBORO DRIVE

MCLEAN VA 22102

**2. Issuer Name and Ticker or Trading Symbol**

Booz Allen Hamilton Holding Corp [ BAH ]

**3. Date of Earliest Transaction (Month/Day/Year)**

06/28/2019

**4. If Amendment, Date of Original Filed (Month/Day/Year)**

**5. Relationship of Reporting Person(s) to Issuer**

- Director
- 10% Owner
- Officer (give title below)
  - Executive Vice President
- Other (specify below)

**6. Individual or Joint/Group Filing (Check Applicable Line)**

- X Form filed by One Reporting Person
- Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>Date</th>
<th>Title</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>06/28/2019</td>
<td>Class A Common Stock</td>
<td>899</td>
<td>$66.21</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td>139,052</td>
<td></td>
</tr>
</tbody>
</table>

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### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Code</th>
<th>Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Explanation of Responses:**

1. Exempt under Rule 16b-3.
2. Includes restricted stock units.

**Remarks:**

By: /s/ Udele Lin as Attorney-in-Fact for Gary D. Labovich

Date: 07/02/2019

Signature of Reporting Person

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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).


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.