## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigton, | D.C. | 20549 |  |
|--------------|------|-------|--|
|              |      |       |  |

| OMB APPRO              | VAL       |
|------------------------|-----------|
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| hours per response:    | 0.5       |

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 s                                                        | Section                                                                                     | 1 30(h) | of the                                                           | Investr                                                        | nent C                             | ompany Act                                                                                     | of 1940                   |                                       |                                                                                               |                                                                                                                    |                              |                                                                          |                                           |                                |
|------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------|-----------------|-----------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------|-------------------------------------------|--------------------------------|
|                                                                  |                                                                       |                   |                 |                 |                                                             | 2. Issuer Name <b>and</b> 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 |                                                                                                                    |                              |                                                                          |                                           |                                |
| (====)                                                           |                                                                       |                   |                 |                 | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2015 |                                                                                             |         |                                                                  |                                                                |                                    |                                                                                                |                           |                                       | Officer (give title below)  Officer (specify below)                                           |                                                                                                                    |                              |                                                                          |                                           |                                |
| (Street)                                                         | IGTON DO                                                              | 2 2               | 20004-:<br>Zip) | 2505            | 4. If                                                       | f Amen                                                                                      | dment,  | Date                                                             | of Origii                                                      | nal File                           | ed (Month/Da                                                                                   | ay/Year)                  |                                       | 6. Inc<br>Line)                                                                               | Form                                                                                                               | n filed by O<br>n filed by M | ne Re                                                                    | ng (Check A<br>porting Pers<br>an One Rep | son                            |
|                                                                  |                                                                       | Tabl              | le I - N        | on-Deriv        | ative                                                       | Sec                                                                                         | uritie  | s Ac                                                             | quire                                                          | d, Di                              | sposed o                                                                                       | f, or E                   | Benefi                                | cially                                                                                        | y Owne                                                                                                             | ed                           |                                                                          |                                           |                                |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N |                                                                       |                   |                 | Execution Date, |                                                             |                                                                                             |         | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 an |                                                                | nd 5) Securiti<br>Benefic<br>Owned |                                                                                                | ies<br>ially<br>Following | Forn<br>(D) o                         | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                             | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                                                  |                              |                                                                          |                                           |                                |
|                                                                  |                                                                       |                   |                 |                 |                                                             |                                                                                             |         |                                                                  | Code                                                           | v                                  | Amount                                                                                         | (A) (D)                   | Pric                                  | e                                                                                             | Reporte<br>Transac<br>(Instr. 3                                                                                    | ction(s)                     |                                                                          |                                           | (111501.4)                     |
| Class A C                                                        | ommon Sto                                                             | ock               |                 | 11/09/2         | 015                                                         |                                                                                             |         |                                                                  | S                                                              |                                    | 13,000,00                                                                                      | 0 D                       | \$2                                   | 8.67                                                                                          | 29,6                                                                                                               | 60,000                       |                                                                          | T I                                       | See<br>Footnote <sup>(1)</sup> |
|                                                                  |                                                                       | Та                | able II         |                 |                                                             |                                                                                             |         |                                                                  |                                                                |                                    | osed of, convertib                                                                             |                           |                                       |                                                                                               | Owned                                                                                                              |                              |                                                                          |                                           |                                |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                   | if any          | ion Date,       | 4.<br>Transaction<br>Code (Instr.<br>8)                     |                                                                                             |         |                                                                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. and 4) |                           | De<br>Se<br>(In                       | rivative curity Str. 5) E                                                                     | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)     |                                |
|                                                                  |                                                                       |                   |                 |                 | Code                                                        | v                                                                                           | (A)     | (D)                                                              | Date<br>Exerci                                                 | sable                              | Expiration<br>Date                                                                             | Title                     | Amour<br>or<br>Number<br>of<br>Shares |                                                                                               |                                                                                                                    |                              |                                                                          |                                           |                                |
|                                                                  |                                                                       | Reporting Person* | C               |                 |                                                             |                                                                                             |         |                                                                  |                                                                |                                    |                                                                                                |                           |                                       |                                                                                               |                                                                                                                    |                              |                                                                          |                                           |                                |

|                                                                 |                                          |                   |            | Couc | Ľ |  |  |  |  |  |  |
|-----------------------------------------------------------------|------------------------------------------|-------------------|------------|------|---|--|--|--|--|--|--|
| 1. Name and Address of Reporting Person*  EXPLORER COINVEST LLC |                                          |                   |            |      |   |  |  |  |  |  |  |
| EALLC                                                           | MER CO                                   | TIVY EST LEV      | <u>C</u>   |      |   |  |  |  |  |  |  |
| (Last)                                                          |                                          | (First)           | (Middle)   |      | _ |  |  |  |  |  |  |
| 1001 PEI                                                        | NNSYLVAI                                 | NIA AVE. NW       |            |      |   |  |  |  |  |  |  |
| SUITE 220 SOUTH                                                 |                                          |                   |            |      |   |  |  |  |  |  |  |
| (Street)                                                        |                                          |                   |            |      | _ |  |  |  |  |  |  |
| WASHIN                                                          | IGTON                                    | DC                | 20004-2505 | 5    |   |  |  |  |  |  |  |
| (City)                                                          |                                          | (State)           | (Zip)      |      |   |  |  |  |  |  |  |
| l                                                               | 1. Name and Address of Reporting Person* |                   |            |      |   |  |  |  |  |  |  |
| <u>Explore</u>                                                  | <u>er Manag</u>                          | <u>er, L.L.C.</u> |            |      | _ |  |  |  |  |  |  |
| (Last)                                                          |                                          | (First)           | (Middle)   |      |   |  |  |  |  |  |  |
| 1001 PENNSYLVANIA AVE. NW                                       |                                          |                   |            |      |   |  |  |  |  |  |  |
| SUITE 220 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

L.L.C., By: /s/ David B. 11/12/2015

Pearson, Member

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.