FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | 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

| 1. Name and Address of Reporting Person* ROSSOTTI CHARLES O | | | | | 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) | | | | | |
|--|--|---------------|-------------|-----------------------------------|---|--|---|---|--------------------------------------|---------------|---|--------|------------------------------------|---|---|--|--|--|----------|--|
| ROSSOTTI CHARLES O | | | | | | | | | | | | | | | X D | irector | | 10% C | wner | |
| (Last) (First) (Middle) 1435 HARVEST CROSSING DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2011 | | | | | | | | | | | fficer (give title elow) | | Other below) | (specify | |
| 1 100 1111 | ICT LOT CIT | Obblive Did v | _ | | — | | | _ | | | | | | - | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| MCLEA | N VA | Λ 2 | 22101 | | | | | | | | | | | | X F | Form filed by One Reporting Person | | | | |
| | | | | | | | | | | | | | | | | orm filed by More than One Reporting erson | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Se | curitie | s Ac | quired, | Disp | osed o | f, or | Bene | eficia | lly Ov | ned | | | | |
| Date | | | | Date | ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | nd See Bei Ow | Amount of curities neficially ned Following ported | Form (D) or | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | Transaction(s) (Instr. 3 and 4) | | | (111341.4) | | | | |
| Class A C | 04/01 | 01/2011 | | | | A | | 9,295 | 5 A | | \$(| 68,875 | | | D | | | | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | / Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Da if any (Month/Day/Y | | Date, | Transaction Code (Instr. 8) | | of Deriv | rities iired r osed) : 3, 4 | 6. Date Expiration (Month/Date Exercisal) | n Date |) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | ount nber | 8. Price Derivativ Security (Instr. 5) | e derivative | (I) | 0. Iwnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Includes restricted stock.

/s/ Terence E. Kaden, Attorney-in-Fact for Charles O. 04/05/2011 Rossotti

** 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.