## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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*  Thompson Elizabeth M  (Last) (First) (Middle)  8283 GREENSBORO DRIVE |   |                     |   |                            | 3. D  | Issuer Name and Ticker or Trading Symbol     Booz Allen Hamilton Holding Corp [ BAH ]      Is a seriest Transaction (Month/Day/Year) 06/30/2014  |  |   |   |             |  |      |   |                     | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  The control of Reporting Person(s) to Issuer (Check all applicable)  Director  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person(s) to Issuer (Check all applicable)  The control of Reporting Person (Check all applicable)  The control of Reporti |  |   |  |  |  |
|--|---|---------------------|---|----------------------------|---|--|--|---|---|-------------|--|------|---|---------------------|--|--|---|--|--|--|
| (Street)  MCLEA  |   |                     | 22102<br>Zip)                               |                            | 4. If                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applic Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |             |  |      |   |                     |  | on   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Tra  |   |                     |   | 2. Trans                   | nsaction 2A. De<br>Executh/Day/Year) if any |  |  | . Deemed<br>ecution Date,                 |   | Dis         | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) |      |   | (A) or              | 5. Ar  | nount of<br>rities<br>ficially   | Form<br>(D) o   | wnership<br>n: Direct<br>or Indirect                               | 7. Nature<br>of Indirect<br>Beneficial |  |
|  |   |                     | (Month/Da                                   |                            | ay/Year)                                    | 8)<br>Code   | v  | Amount                                    | ( | A) or<br>D) | Price  | Repo | Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                     | nstr. 4)   | Ownership<br>(Instr. 4)  |   |  |  |  |
| Class A C  | Common Sto  | ock                 |   | 06/30                      | )/2014                                      |  |  |   | F |             | 1,790  |      | D   | \$21                | 21.24 14,311 <sup>(1)</sup> D  |  |   |  |  |  |
| Class A C  | Common Sto  | ock                 |   | 07/01                      | /2014                                       |  |  |   | A |             | 8,011  | 2)   | Α   | \$ <mark>0</mark> . | \$0.00 22,322 <sup>(3)</sup> D   |  |   |  |  |  |
|  |   | Та                  |   |                            |   |  |  |   |   |             | sed of,<br>onvertib  |      |   |                     | y Owne   | I  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | se (Month/Day/Year) | 3A. Deem<br>Executior<br>if any<br>(Month/D | ned<br>n Date,<br>ay/Year) | 4.<br>Transaction<br>Code (Instr<br>8)      |  | 5. Nun<br>of<br>Deriv.<br>Secur<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr.<br>and 5 | ative<br>rities<br>ired<br>osed<br>. 3, 4 |   |             | е  | or   |   | ount<br>nber        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |

#### **Explanation of Responses:**

- 1. Includes shares of Class A restricted common stock.
- 2. Grant of restricted stock units under the Issuer's Amended and Restated Equity Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Class A common stock upon vesting. One-third of these restricted stock units are scheduled to vest and settle on each of June 30, 2015, 2016 and 2017.
- 3. Includes shares of Class A restricted common stock and restricted stock units.

### Remarks:

By: /s/ Terence E. Kaden as

Attorney-in-Fact for Elizabeth 07/02/2014

M. Thompson

\*\* 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.