### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	n 30(h)	of the	Investn		company Act	of 1940							
						2. Issuer Name and Ticker or Trading Symbol Booz Allen Hamilton Holding Corp [ BAH ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director X 10% Owner      Officer (give title Other (specify below)      below)      Individual or Joint/Group Filing (Check Applicable)						
(Last) (First) (Middle) 1001 PENNSYLVANIA AVE. NW SUITE 220 SOUTH					12/	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2016  4. If Amendment, Date of Original Filed (Month/Day/Year)													
(Street) WASHINGTON DC 20004-2505				2505		and the state of t						Line)  Form filed by One Reporting Person  X  Form filed by More than One Reporting Person							
(City)	(St		Zip)	<b>D</b>						-1 5:		£F	\ <b>f</b>			•			
		Iabi	le I - N						•	a, Di	isposed o				1				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N						Execution Date,						s Acquired (A) or f (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	Or Pri	се	Transac (Instr. 3	ction(s)			(111501.4)
Class A Common Stock 12/06/201					016	16		S		16,660,00	0 D	\$3	86.52		0		I	See Footnote <sup>(1)</sup>	
		Та	able II								oosed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Di Si (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Shares	er					
		Reporting Person*	<u> </u>																

				Code	<u> </u>							
1. Name and Address of Reporting Person*												
EXPLORER COINVEST LLC												
,					_							
(Last)		(First)	(Middle)									
1001 PENNSYLVANIA AVE. NW												
SUITE 220 SOUTH												
-					-							
(Street)	IGTON	DC	20004-2505									
WASHIN	IGION	DC	20004-2503	)								
(City)		(State)	(Zip)	(Zip)								
1 Name and Address of Departing Decay*												
Name and Address of Reporting Person*     Explorer Manager, L.L.C.												
<u>Explorer Manager, E.E.C.</u>												
(Last)		(First)	(Middle)									
1001 PENNSYLVANIA AVE. NW												
SUITE 220 SOUTH												
					_							
(Street)												
WASHINGTON		DC	20004-2505	5								
(City)		(State)	(Zip)	(Zip)								
		<u> </u>										

### **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,

12/08/2016 L.L.C., By: /s/ David B.

Date

Pearson, Member

\*\* Signature of Reporting Person

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.