FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Name and Address of Reporting Person* KEENE NAZZIC S						2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [SAIC]									neck all ap Dire V Offic	plicable) ctor cer (give title	Othe	Owner er (specify
(Last) (First) (Middle) 12010 SUNSET HILLS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019									below) below) COO, Sector President			
(Street) RESTON VA 20190 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) X For For				
		Tabl	e I - Nor	n-Deriv	/ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or I	3ene	ficial	ly Own	ed		
Date					e E nth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Secui Bene	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A)	or	Price	Trans	action(s) 3 and 4)		, ,			
Common Stock 04/01/					L/ <mark>2019</mark>	2019			F		629		D	\$76.9	5 16,	989.5567	D	
Common Stock															28,151	I	By Trust	
		Та									sed of, onvertib				Owned	I		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	Date, Transaction Code (Ins		on of		6. Date E Expiratio (Month/D	n Dat		Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	3. Price of Derivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Share	ber				

Explanation of Responses:

Steven G. Mahon, Attorney-in-

Fact

** 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.