FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHAN	GES IN BEN	NEFICIAL (	OWNERSHIP
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OMB APPROVAL OMB Number: 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). 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*  SHANE STEVEN R					Sc	2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [ SAIC ]								5.	Check a	elationship of Reporting lock all applicable)  Director  Officer (give title below)		g Person(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) 1710 SAIC DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/30/2014															
(Street)  MCLEAI  (City)			22102 Zip)			Ame 03/2		, Date o	of Origina	al File	d (Month/Da	ay/Yea	r)		ne)	Form filed	by One	Filing (Check A Reporting Perse than One Rep	son
		Tabl	e I - No	on-Deriv	/ative	Sec	curitie	s Ac	quired	l, Dis	sposed o	f, or	Ben	eficia	ally O	wned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D  Common Stock  01/30/				Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4 a			15) S	. Amount of securities seneficially wned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (D	) or )	Price	т	ransaction(s) nstr. 3 and 4)			(Instr. 4)	
			01/30/	2014				A		0.0000(1	1)	A	\$0.0	000	2,083	3	D		
		Та	ble II -								osed of, convertib				y Owi	ned			
Derivative Conversion Date Execuserity or Exercise (Month/Day/Year) if any		3A. Dee Execution if any (Month/i			of	r r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		estr. 3	8. Pric Deriva Securi (Instr.	tive deriv ty Secu 5) Bene Own Follo Repo	owing orted saction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of	ares					

## **Explanation of Responses:**

1. Corrected dividend equivalent rights.

Nancy A. Walker, Attorney-in-08/01/2014

**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.