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	STATEMENT OF CHA
Instruction 1(b).	Filed pursuant to Secti

NGES 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* Moraco Anthony J				<u>Sc</u>	2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [SAIC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) 1710 SAI	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017								X Officer (give title Other (specify below) Chief Executive Officer					
(Street) MCLEAN VA 22102				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St		(Zip)									Person						
			e I -					_		ed, C				ially Own				
_ rule or decarry (mean o)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		₽,	3. Transaction Code (Instr. 8)					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.		
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			4)	4)	
Common Stock 04/			04/01/20	17	.7			F		2,376	D	\$74.4	153,620.4612		D			
Common Stock													3,942.3236		I	E: St	r Key secutive ock eferral Plan	
Common Stock													1,281.71	132	I	St Co	anagement ock ompensation an	
Common Stock												1,533.2	28	I	R	r SAIC etirement an		
		Та	ble								posed of, , converti			lly Owned s)				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of Code (Instr. Derivativ		ative ities ired sed	Expiration Date (Month/Day/Year)			7. Titl Amou Secur Under Deriva Secur and 4	int of ities rlying ative ity (Instr. 3	Derivative Security (Instr. 5) Be Ow Re		Jumber of ivative surities heficially ned lowing oorted nsaction(s) itr. 4)		Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisabl	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

Steven G. Mahon, Attorney-in-04/03/2017

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.