Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bi | urden |
| 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 [*] Genter Robert S. | | son* | 2. Issuer Name and Ticker or Trading Symbol <u>Science Applications International Corp</u> [SAIC] | (Checł | ationship of Reporting Pe k all applicable) Director Officer (give title | son(s) to Issuer 10% Owner Other (specify | | | | |
|---|----------------------------------|-------|---|------------------------|---|---|--|--|--|--|
| (Last) 12010 SUNS | (First) (Middle) NSET HILLS ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 04/07/2023 | X | below) Sector Pres | below) | | | | |
| (Street) RESTON | VA | 20190 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Indicate the second sec | | | | | | | |
| Table L. Non-Derivative Securities Acquired Disposed of or Beneficially Owned | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | | | | | | Securities Beneficially | Form: Direct | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------|------|---|--------|---------------|-------------------|------------------------------------|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 04/07/2023 | | Α | | 5,563 | Α | \$ <mark>0</mark> | 71,339.368 ⁽¹⁾ | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|---|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The amount of securities beneficially owned by the reporting person has been adjusted to reflect the number of performance-based shares that have vested as of the date of this filing, which was inadvertently overstated by 1,732 shares in the reporting person's prior Form 4 filing.

Remarks:

Hilary L. Hageman, Attorneyin-fact 04/11/2023

** 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.