FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHAN	IGES IN BEI	NEFICIAL C	WNERSHIP

OMB APPRO	DVAL							
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).

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* Wheeler Karen A.				Sc	2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [SAIC]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director To Officer (give title Other (spe			wner			
(Last) 12010 SU	(Fii JNSET HIL	,	Middl	e)		3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019							below) below) EVP, CHRO						
(Street) RESTON (City)			2019(Zip)	0	4. If Amendment, Dat				of Or	iginal	Filed (Month/D	Day/Yea		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date		2. Transaction Date (Month/Day/Ye	ear) E	Execution Date,		, 1	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr.			
							6	Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	(s) 4)			4)		
Common Stock 01/25/2			01/25/201	.9	9			A		6.3602 ⁽¹⁾	A	\$64.27	1,324.951				By Management Stock Compensation Plan		
Common	Stock									15,974 D									
Common Stock												2,236.955		I		By SAIC Retirement Plan			
		Та	ble	II - Derivat (e.g., pı							sposed of								
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, Transaction of try or Exercise (Month/Day/Year) if any Code (Instr. Derivati				ative ities red sed	Expiration Date (Month/Day/Year) S Expiration Date (Month/Day/Year) Underlying Derivative Security (In: and 4)			int of rities rlying ative rity (Instr. 3		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)				11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	e rcisab	Expiration le Date	Title	or Number of Shares						

Explanation of Responses:

 $1. \ Additional \ restricted \ stock \ units \ awarded \ upon \ the \ deemed \ reinvestment \ of \ dividend \ equivalents.$

Steven G. Mahon, Attorney-in-01/28/2019

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.