FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response.										

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

Name and Address of Reporting Person* LaRouche Michael W.					2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [SAIC]								i. Rela Check	suer wner specify					
(Last) 12010 S	(Fir UNSET HII	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/28/2023								Α	below	below) dent				
(Street) RESTON	N VA	. 2	0190		4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indivine)	Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)														nded to					
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	osed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution D		Date,	Code (Instr						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Pric			ted action(s) 3 and 4)			(Instr. 4)
Common Stock			03/28/	3/2023				A	A 4,155		A	. \$	50 5:		55,466		D		
		Tal									osed of, o				Owne	d	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)		Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		unt				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

Hilary L. Hageman, Attorney- 03/30/2023

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).