FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* Wheeler Karen A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Science Applications International Corp [SAIC] | | | | | | | | | 5. Relationship of Reporting Person (Check all applicable) Director X Officer (give title | | | 1 | L0% O Other (| wner (specify |
|---|--|--|-------|-----------|---|--|--|---|------------|--|--------------------------------|---------|---|---|--|---|--|--|------------------|--|
| (Last) 12010 SU | ast) (First) (Middle) 2010 SUNSET HILLS ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2018 | | | | | | | | | below) below) EVP, CHRO | | | | | |
| (Street) RESTON (City) | | 7A 20190 State) (Zip) | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - | Non-Deriv | /ative | e Sec | uritie | s Ac | qui | red, | Dis | posed o | of, or l | Benefic | ially Ov | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | t, Tr | 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 Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. | | |
| | | | | | | | | C | ode | v | Amo | ount | (A) or (D) | Price | Transac (Instr. 3 | ion(s) | | | 4) | |
| Common Stock 04/27/2018 | | | | 18 | | | | A | | 4.6 | 4.6837 ⁽¹⁾ A \$86.2 | | \$86.26 | 1,307.9745 | | I | | By Management Stock Compensation Plan | | |
| Common | Stock | | | | | | | | | | | | | | 15 | 974 | D | | | |
| Common Stock | | | | | | | | | | | | | | 2,161.117 | | I | | By SAIC Retirement Plan | | |
| | 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 | Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security | | | | action (Instr. | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | Exp (Mo | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Derivative de Security (Instr. 5) Be Ov Foo Re | | Number of rivative curities meficially whed lllowing ported ansaction(s) str. 4) 10. Own Corn Direction (i) (ir in the corn of | | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

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

Steven G. Mahon, Attorney-in-**Fact**

** Signature of Reporting Person

04/30/2018

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.