

BOOZ ALLEN HAMILTON HOLDING CORP

Reported by **DAHUT KAREN M**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/02/15 for the Period Ending 09/30/15

Address 8283 GREENSBORO DRIVE

MCLEAN, VA 22102

Telephone 703-902-5000

CIK 0001443646

Symbol BAH

SIC Code 8742 - Management Consulting Services

Industry Business Services

Sector Services





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 *						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
Dahut Karen M						Booz Allen Hamilton Holding Corp [BAH]								(Check all applicable) Director 10% Owner				
				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below) Executive Vice President					
8283 GREENSBORO DRIVE							9/30/2015											
(Street)						4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
MCLEAN, VA 22102 (City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table	I - Non	-Der	rivat	ive Sec	urities Ac	quir	ed, Di	sposed o	f, or	Ben	eficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. Da						Execu		3. Trans. Co (Instr. 8)	de	4. Secu or Disp (Instr. 3		F	. Amount of Securit following Reported Instr. 3 and 4)	ities Beneficially Owned I Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amoun	(A) or (D)	Pric	e			or Indirect (I) (Instr. 4)	(Instr. 4)	
Class E Special Voting Common Stock 9/30/2015								D (1)		24482	D	\$0.00)3	0			I	By Trust
	Tab	le II - Dei	rivative	Securi	ties l	Bene	ficially	Owned (ρ.σ.	. nuts.	calls, w	arrai	nts. o	options, conve	rtible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dec Executi Date, if	emed 4. T		s. Code 5. Number		er of 6. Do Expire Securities 1 (A) or 1 of (D)		Date Exercisable and iration Date				d Amount of Underlying Security	8. Price of Derivative Security (Instr. 5)	· · · · · ·	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Date	e rcisable	Expiration Date	Title	Amo	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Explanation of	Responses	:				•	•	·		-		•						
(Upon the earl) stock for ear			tions, th	e repor	ing p	perso	on sold t	to the issu	er, aı	nd it re	purchase	ed, at	par	value, one shar	e of Class	s E special v	oting con	nmon
(Shares held	l by Karen N	M. Dahut	Trust.															
Reporting Own	iers																	
Danartina Own	r Nama / A	ddragg			Re	latio	nships											

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Dahut Karen M 8283 GREENSBORO DRIVE MCLEAN, VA 22102			Executive Vice President						

Signatures

By: /s/ Douglas S. Manya, as Attorney-in-Fact for Karen Dahut 10/2/2015 Date **Signature of Reporting Person

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).

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 control number.