FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject |
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| o Section 16. Form 4 or Form 5 |
| bligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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* <u>CAMBRIA CHRISTOPHER C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MERCURY SYSTEMS INC [MRCY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|-------|--|---|--|--|---|---|-------|--|------------------------|---------------|--------------------------------------|---|---|--|--|---|----------|--|
| (Last) | (Fir | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023 | | | | | | | | X Officer (give title below) Other (specify below) EVP, Gen Counsel & Secretary | | | | | |
| 50 MINUTEMAN ROAD (Street) ANDOVER MA 01810 | | | | | 4. If | 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 | | | | | |
| (City) | (State) (Zip) | | | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - I | Non-Deriva | tive | Secu | rities | Aco | quire | ed, Di | isposed o | f, or l | Benefici | ally | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | ear) if | 2A. Deemed Execution Date, if any (Month/Day/Year | | , T | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au | | | nd 5) Securit Benefic | | ties Fo cially (D d Following Ind | | m: Direct or irect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | saction(s) r. 3 and 4) | | su. 4) | (1130.4) | |
| Common Stock 08/17/202 | | | | | 3 | | | S | | 712(1) | D | \$36.833 | 6.8338 ⁽²⁾ | | 115,855 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 449 | | | | 401K 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 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | Code 8) | saction of e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Expiration Date (Month/Day/Year) | | | Amo Secu Unde Deriv Secu 3 and | Amount of Securities S | | rice of vative urity tr. 5) | ative derivative rity Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents shares sold as part of a sell-to-cover program to satisfy tax withholding obligations upon the vesting of stock awards.
- 2. Represents the per share price attributed to sales of shares on behalf of all participants under the sell-to-cover program on the transaction date indicated.

/s/ Michelle McCarthy, attorney-in-fact for Christopher C. Cambria

08/18/2023

** 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.