1. Name and Address of Reporting Person*  
**WAJSGRAS DAVID C**  
*(Last)  
*(First)  
*(Middle)  
PARSONS CORPORATION  
5875 TRINITY PARKWAY #300  
*(Street)  
CENTREVILLE  
VA  
20120  
*(City)  
*(State)  
*(Zip)  

2. Issuer Name and Ticker or Trading Symbol  
PARSONS CORP [ PSN ]  

3. Date of Earliest Transaction (Month/Day/Year)  
07/21/2020  

4. If Amendment, Date of Original Filed (Month/Day/Year)  

5. Relationship of Reporting Person(s) to Issuer  
* X Director  
* 10% Owner  
* Officer (give title below)  
* Other (specify below)  

6. Individual or Joint/Group Filing (Check Applicable Line)  
* 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 **

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units</td>
<td>(1) 07/21/2020</td>
<td></td>
<td>A</td>
<td>4,790</td>
<td>(1) (2) Common Stock 4,790</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

** Explanation of Responses:**  
1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.  
2. The restricted stock units will vest on April 20, 2021. Vested shares will be delivered pursuant to the terms and conditions set forth in the applicable grant notice for such restricted stock units.  

** Remarks:**  

as/ Michael R. Kolloway, as attorney-in-fact  
07/23/2020  
** 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).  
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.