FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|-----------|-----------|-----------------|-----------|

| ı | OMB APPRO              | VAL       |
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| l | OMB Number:            | 3235-0287 |
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| l | hours per response:    | 0.5       |

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

| 1. Name and Address of Reporting Person*  Vautrinot Suzanne M  |  |               |                   | 2. Issuer Name and Ticker or Trading Symbol PARSONS CORP [ PSN ] |  |   |       |  |                   |   |                  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |   |  |                                       |              |      |                    |         |
|--|--|---------------|-------------------|--|--|---|-------|--|-------------------|---|------------------|--|---|--|---------------------------------------|--------------|------|--------------------|---------|
| vautrin  | ot Suzani  | <u>ie ivi</u> |                   |  |  |   |       |  |                   |   |                  |  |   | X  | Directo                               | or           |      | 10% Ov             | wner    |
|  | IS CORPO   | RATION        | Middle)           |  |  | Date of Earliest Transaction (Month/Day/Year)<br>7/15/2019        |       |  |                   |   |                  |  |   |  | Officer<br>below)                     | (give title  |      | Other (s<br>below) | specify |
| 5875 TRINITY PARKWAY #300  |  |               |                   | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |       |  |                   |   |                  |  | 6. Individual or Joint/Group Filing (Check Applicable |  |                                       |              |      |                    |         |
| (Street)   | EVILLE VA  | A             | 20120             |  |  |   |       |  | J                 |   | `                | , ,  |   | ine)<br>X  | Form 1                                | filed by One | Repo | orting Perso       | on      |
| (City)   | (St  | tate) (       | Zip)              |  |  |   |       |  |                   |   |                  |  |   |  |                                       |              |      |                    |         |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |               |                   |  |  |   |       |  |                   |   |                  |  |   |  |                                       |              |      |                    |         |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |               | action            | ction 2A. Deemed Execution Date,                                 |  | 3. 4. Securities Acquired Disposed Of (D) (Instr. Code (Instr. 5) |       | red (A) oi   | nd                | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |                  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                       |              |      |                    |         |
|  |  |               |                   |  |  |   |       |  | Code              | v   | Amount           | (A) (D)  | Price   | . [  | Transac<br>(Instr. 3                  | tion(s)      |      |                    | `       |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |               |                   |  |  |   |       |  |                   |   |                  |  |   |  |                                       |              |      |                    |         |
|  |  |               | Transa<br>Code (I | ansaction of ode (Instr. Derivative                              |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)    |       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                       |                  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s.<br>(Instr. 4) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |              |      |                    |         |
|  |  |               |                   |  | Code   | v   | (A)   | (D)  | Date<br>Exercisab |   | xpiration<br>ate | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares                  |  |                                       |              |      |                    |         |
| Restricted<br>Stock<br>Units   | (1)  | 07/15/2019    |                   |  | A  |   | 1,228 |  | (2)               |   | (2)              | Common<br>Stock  | 1,228   | \$   | 60.00                                 | 1,228        |      | D                  |         |

## 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 June 30, 2020. Vested shares will be delivered pursuant to the terms and conditions set forth in the applicable grant notice for such restricted stock units.

## Remarks:

/s/ Michael R. Kolloway, as attorney-in-fact

07/17/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.