1. Name and Address of Reporting Person *  
Kolloway Michael Richard  

   (Last)  (First)  (Middle)  

   PARSONS CORPORATION  
   5875 TRINITY PARKWAY #300  

   (Street)  (City)  (State)  (Zip)  

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

3. Date of Earliest Transaction (Month/Day/Year)  
03/05/2020  

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

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

6. Individual or Joint/Group Filing (Check Applicable Line)  
X 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>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Acquired Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Unit (1)</td>
<td>03/05/2020</td>
<td></td>
<td>A</td>
<td>6,368 (A)</td>
<td>6,368 (D)</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Code V Amount (A) or (D) Price  

Restricted Stock Unit (1) 03/05/2020 A 6,368 (2) Common Stock 6,368 $0.00 6,368 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 vest in three equal annual installments and have no expiration date.  

Remarks:  
Chief Legal Officer and Secretary.  

/s/ Michael R. Kolloway  03/09/2020  
** 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.