FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average bu | urden | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Stevison James Mitch | | | | | 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 Officer (give title Other (specify | | | | | | |
|--|---|---------------------------------|-------------------------------|----------|---|-------|---|--------|--|---------|-------------|---|---|---|--|--|-------|-------------|--------------|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023 | | | | | | | | X below | ms | | | | | |
| (Street) | ER M | A 0 | 1810 | | 4. If <i>F</i> | Ameno | lment, | Date o | f Origina | l Filed | d (Month/Da | y/Yea | r) | 6. Lin | X Form | filed by On | e Rep | orting Pers | on |
| (City) | (St | ate) (2 | Zip) | | 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 - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | eficia | ally Own | ed | | | |
| Date | | 2. Transac Date (Month/Da | e Exec nth/Day/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | ction(s) 3 and 4) | | | (11150.4) | |
| Common | Stock | | | | | | | | | | | | | | | 474 | | | 401K Plan |
| Common | ommon Stock 08/17/2 | | | | 2023 | | | | A | | 13,536(1 |) | A | \$0 | 7: | 71,483 | | D | |
| Common | Stock | | | 08/17/2 | 2023 | | | | A | | 16,544(2 | 544 ⁽²⁾ A | | \$0 | 88 | 88,027 | | D | |
| | | Tal | | | | | | | | | osed of, o | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. These shares of restricted stock vest in equal annual increments over the three-year period following the grant date.
- 2. These shares of performance-based restricted stock vest between 0% and 225% of the amount listed in the table depending on the achievement of performance objectives for the three fiscal years ending July 3, 2026.

/s/ Michelle McCarthy. attorney in fact for James M. 08/21/2023 Stevison

** 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.