FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimigtori, | D.O. | 20040 | |
|---------------|------|-------|--|
| | | | |
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>ASLETT MARK</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MERCURY SYSTEMS INC [MRCY] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|-------------------------|------------------|-------------------------|--|--|--|------|--|--|--|---------------|---|--|--|---|----------|------------|
| (Last) (First) (Middle) 50 MINUTEMAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2019 | | | | | | | X | | er (give title w) | | (specify | |
| (Street) ANDOVER MA 01810 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | i. Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - I | Non-Deriv | ative/ | Seci | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefici | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | | | Acquired (A) or (D) (Instr. 3, 4 and 5) | | 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | (Instr. 4) |
| Common Stock 11/14/201 | | | | | | .9 | | S | | 6,250(1) | D | \$72.58 | 49 ⁽²⁾ | 341,063 | | D | | |
| Common Stock 11/15/2019 | | | | |)19 | 19 | | S | | 6,250(1) | D | \$72.53 | .5353 ⁽³⁾ | | 34,813 | D | | |
| | | Та | ble I | l - Derivat (e.g., p | | | | | | | osed of, convertib | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Year) if any | tion Date, Trans | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | | tive derivative ty Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. Pursuant to a 10b5-1 stock trading plan established on August 5, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$71.84 to \$73.085, inclusive.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$72.16 to \$73.37, inclusive.

Remarks:

/s/ Michelle McCarthy,
Attorney-in-Fact for ASLETT 11/18/2019
MARK

** 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.