FORM 4

UNITED STATES SECU

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ΚI	HES	AND	EXC	HANGE	COMM	ISSION

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is
	securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

1(c). S	ee Instruction	າ 10.																	
1. Name and Address of Reporting Person* LEER STEVEN F					2. Issuer Name and Ticker or Trading Symbol PARSONS CORP PSN							(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LEEK STEVEN F					[Direct	tor		10% Ov	ner		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								Officer (give title below)			Other (s below)	pecify	
PARSON	NS CORP	ORATION																	
14291 PA	ARK ME	ADOW DR., #100)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															<u></u>	filed by On	- Reno	rtina Perso	n
CHANT	ILLY V	/A 2	20151											✓ Form filed by One Reporting Person Form filed by More than One Reporting Person Person ✓ Form filed by More than One Reporting Person Form filed by More than One Report Person Form filed by More than One Report Person Form filed by More than One Person Form file					
(City)		State) (Zin\												Perso	וו			
(City)	,	State) (Zip)																
		Table	l - No	n-Deriva	ative S	Secu	ırities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Executi		ecution ny	Date,			es Acquired (A Of (D) (Instr. 3,			nd Securit Benefi	ties cially I Following	Form:	Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A 1)	A) or D)	Price	Transa	ction(s) 3 and 4)			msu. 4)
Common Stock 01/02/2					2025		A		431(1)		Α	\$ <mark>0</mark>	\$ 0 24,720 ⁽²⁾		D				
		Та	ble II -								osed of, onvertib					d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Own For Dire or I	0. Ownership form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of	ount mber ires					

Explanation of Responses:

- 1. Represents an award of fully vested restricted stock units. Vested shares will be delivered pursuant to the terms and conditions set forth in the applicable grant notice for such restricted stock units.
- 2. The reporting person's previous Forms 4 erroneously understated the number of shares of Common Stock beneficially owned. The amount in Column 5 of Table I has been corrected in this Form 4.

/s/ Michael R. Kolloway, as

01/06/2025

attorney-in-fact ** 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.