Edgar Filing: Burke Joseph P. - Form 4

Burke Joseph Form 4	1 P.										
August 17, 2										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check thi if no long	er					~			Expires:	January 31, 2005	
subject to Section 1 Form 4 or Form 5		SECURI	TIES			NERSHIP OF ge Act of 1934,	Estimated a burden hou response	average Irs per			
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(2		Public Uti of the Inv	•	•	• •		f 1935 or Sectio 40	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Burke Joseph P.			2. Issuer Name and Ticker or Trading Symbol SRA INTERNATIONAL INC					5. Relationship of Reporting Person(s) to Issuer			
			[SRX]					(Check all applicable)			
(Last) 4300 FAIR	(Last) (First) (Middle) 3. Date of (Month/E) 00 FAIR LAKES COURT 08/13/2				nsaction			Director 10% Owner XOfficer (give title Other (specify below) below) Senior Vice President			
Filed(Mor				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
FAIRFAX,	VA 22033							Person	viore mair one ro	cporting	
(City)	(State)	Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		on Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A Common Stock	08/13/2009			F	97 <u>(1)</u>	D	<u>(2)</u>	52,153 <u>(3)</u>	D		
Class A Common Stock								782	I	By 401(k)	
Class A Common Stock	08/15/2009			F	518 <u>(1)</u>	D	<u>(2)</u>	51,635 <u>(4)</u>	D		

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Thie	of		
				Code V	(Λ) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Burke Joseph P. 4300 FAIR LAKES COURT FAIRFAX, VA 22033			Senior Vice President					
Signatures								
/s/ Charles G. Crotty, attorney-	in-fact for	r Joseph P.						

 /s/ Charles G. Crotty, attorney-in-fact for Joseph P.
 08/17/2009

 Burke
 **Signature of Reporting Person
 Date

Explanation of Responses:

- * 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).
- (1) Represents shares withheld to cover payment of tax liability due to vesting of restricted stock shares.
- (2) Not applicable.
- (3) Amount includes 9,951 unvested restricted stock shares.
- (4) Amount includes 8,344 unvested restricted stock shares

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.