Edgar Filing: AUTODESK INC - Form 4

AUTODECK INC

| Form 4 March 24, 2 | | | | | | | | | | | |
|--|--|--|---|--|-------------------------|------------------------------|-------------------------------|--|--|---|--|
| | | | | | | | | OMB APPROVAL | | | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no lon subject t Section Form 4 d | ger o STATEN 16. | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires:January 3 200Estimated averageburden hours per response0 | | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| RAFAEL BETSY Sym | | | | er Name and | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | AUTODESK INC [ADSK] | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 111 MCINNIS PKWY | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2016 | | | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | | Month/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 | | | |
| (City) | (State) | (Zip) | | | | _ | | Person | | | |
| | | | | | | | _ | ired, Disposed of, | | - | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactic Code (Instr. 8) | omr Dispo (Instr. 3, | sed of 4 and (A) or | 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/23/2016 | | | Code V S | Amount 7,031 | (D) D | Price \$ 57.5419 (1) | | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | ; | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| L O | Director | 10% Owner | Officer | Other | | | | |
| RAFAEL BETSY 111 MCINNIS PKWY SAN RAFAEL, CA 94903 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Andy Sewell, Attorney-in-Fact Rafael | 03/24/2016 | | | | | | | |

**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) Shares were sold in various amounts between from \$57.18 to \$57.93 inclusive. The price listed here reflects the average weighted price.
- (2) The total securities beneficially owned includes 8,639 shares of unvested restricted stock units.

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.