FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* <u>Underwood Paul D.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTODESK INC [ADSK] | | | | | | | | | heck al | l applicable) Director | ng Perso | Person(s) to Issuer 10% Owner Other (specif | |
|---|--|---|--|--|---|---|---------------------------------|--|--|-------|---|---|--------------|---|--|---|--------------------|--|---|
| (Last) (First) (Mindle) L | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2018 | | | | | | | | | ^ I | Officer (give title pelow) TP, PAO & Co. | | | ` |
| (Street) SAN RAFAEL CA 94903 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | d 5) S B O | Amount of ecurities eneficially wned Following eported | 6. Own Form: (D) or I (I) (Inst | Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | Tr | ansaction(s) nstr. 3 and 4) | | | (111511.4) | |
| Common Stock 03/28/2 | | | | | | .018 | | S ⁽¹⁾ | | 2,746 | |) | \$127.71 | | 4,504 ⁽²⁾ | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Execution Date, if any (Month/Day/Year) 8 | | | ransaction ode (Instr.) Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | 8. Price Derivat Securit (Instr. 5 | ive derivative y Securities | Ow For Dire or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 2/26/18.
- $2. \ The \ total \ securities \ beneficially \ owned \ includes \ 4,504 \ shares \ of \ unvested \ Restricted \ Stock \ Units.$

Remarks:

Andy Sewell, Attorney-in-Fact for Paul Underwood 03/29/2018

** Signature of Reporting Person Da

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

- * 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.