FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D.C. 20549	

vvasnington, b.c. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

RSHIP	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).

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 intended to satisfy the affirmative defense conditions of Rule 10b5-

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		10.			_														
1. Name and Address of Reporting Person* Moorjani Janesh				2. Issuer Name and Ticker or Trading Symbol Autodesk, Inc. [ADSK]									all app	,	ng Pers	()			
														Office	tor er (give title		10% Ov		
(Look) (First) (Middle)						ate of F	arliest	Trans	saction ((Month	/Day/Year)			1	below			below)	эрсспу
(Last) (First) (Middle) ONE MARKET, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024									EVP, Chief Financial Officer					
(Street)					4. If <i>i</i>	Amend	ment,	Date o	of Origin	nal File	d (Month/Da	y/Year)		6. Indiv	/idual or	r Joint/Grou	p Filing	g (Check A	pplicable
SAN FRANCI	coo C	^C A	94105											1	Form	filed by On	e Repo	orting Pers	on
FRANCI	.800														Form Perso	filed by Mo	re than	One Repo	orting
(City)	(8	State)	(Zip)																
		Tak	le I - No	on-Deriva	ative	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securi Benefi Owned		ities Folicially (D) (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)		е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/16/20			2024			A ⁽¹⁾		33,514	A	\$30)5.83	3 33,514(2)			D				
			Table II								osed of, convertib				Owne	d			
Security (Instr. 3) or Exe Price Deriva	2. Conversion or Exercise Price of Derivative Security	ercise of ative (Month/Day/Year)		eemed Ition Date, h/Day/Year)		Transaction Code (Instr. 8)		mber rative rities sired r osed) . 3, 4	Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e O' s Fo illy Oi (I)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
									Date		Expiration Date	Title	Amount or Number of Shares	or					
		1			Code V		(A) (D)		Exercisable		-xpiiatioii					I			

Explanation of Responses

- 1. The Reporting Person is entitled to receive one share of Common Stock for each Restricted Stock Unit. Of these Restricted Stock Units, 6,539 shares will vest on 12/16/2025, 6,539 shares will vest over two years with 50% vesting each year beginning on 12/16/2026, and 20,436 shares will vest over three years with 33% vesting each year beginning on 12/16/2027.
- 2. The total securities beneficially owned includes 33,514 shares of unvested Restricted Stock Units.

Remarks:

Melissa Hoge, Attorney-in-Fact for Janesh Moorjani 12/16/2024

** 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.