## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPR	OVAL
	OMB Number:	3235-0287
l	Estimated average but	rden
ı	hours por rosponso:	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>CASTINO ALFRED</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol AUTODESK INC [ ADSK ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner							
(Last) (First) (Middle) 111 MCINNIS PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2004									X Officer (give title Other (specify below)  Sr, VP and CFO							
(Street)	FAEL C.	A	94930		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(City)	(S	tate)	(Zip)		_											Form filed by More than One Reporting Person						
		Tak	le I - No	n-Deri	vativ	e Se	ecurit	ties A	cquir	ed, D	)is	posed o	f, or B	enef	icially	/ Owned						
1. Title of Security (Instr. 3)  2. Trans Date (Month//				ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Co	ode V		Amount	(A) (D)	r Pı			d rion(s) and 4)			(Instr. 4)			
Common Stock			12/0	8/2004	2004			N	М		2,000	A	\$	12.72	6,3	358 <sup>(3)</sup>		D				
Common Stock			12/0	2/08/2004				N	M		8,000	A	\$	17.45	14,3	358 <sup>(3)</sup>	58 <sup>(3)</sup>					
Common Stock			12/0	12/08/2004					S		615	D	\$	65.95	5 13,7	743 <sup>(3)</sup>		D				
Common Stock			12/0	08/2004					S		770	D	\$	65.88	12,9	2,973 <sup>(3)</sup>		D				
Common Stock 12			12/0	8/2004	/2004			S		6,615	D	\$	65.85	6,3	58 <sup>(3)</sup>	8 <sup>(3)</sup> I						
			Table II -									osed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr 8)		on of E		6. Date Exercis: Expiration Date (Month/Day/Yea		ate		7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable		Expiration Date	Title	or Nu of	mber ares							
Incentive Stock Options (right to buy)	\$12.72	12/08/2004			M			2,000	09/26/	/2003 <sup>(1]</sup>		09/26/2012	Commo Stock	n 2,	000	\$0	25,444	4	D			
Non- Qualified Stock Options (right to	\$17.45	12/08/2004			M			8,000	09/25/	/2004 <sup>(2)</sup>	) (	09/25/2013	Commo Stock	n 8,	000	\$0	26,270	0	D			

## **Explanation of Responses:**

- $1. \ The \ option \ vests \ in \ four \ equal \ annual \ installments \ of \ 7,861 \ each \ beginning \ on \ 09/26/2002.$
- 2. The option vests over a four year period beginning on 09/25/2003 at the rate of 10,000 shares the first, second and third anniversaries, and 4,270 shares on the fourth anniversary.
- 3. Includes shares acquired in September 2004 pursuant to the Issuer's Employee Stock Purchase Plan.

Nancy R. Thiel, Attorney-infact for Alfred J. Castino

12/09/2004

\*\* 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.