FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP     | ROVAL   |
|-------------|---------|
| OMB Number: | 3235-02 |

287 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).

# Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  | . ,   |  |  | _       | or S                         | Sectio   | n 30(h) | of the I | nvestme   | nt Co | mpany Act  | of 194   | 0              |                       |   |  |   |   |           | ,   |
|--|---|--|--|---------|------------------------------|--|---------|----------|---|-------|--|--|----------------|-----------------------|---|--|---|---|-----------|---|
| 1. Name and Address of Reporting Person*  BEVERIDGE CRAWFORD W |   |  |  |         |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AUTODESK INC [ ADSK ] |         |          |   |       |  |  |                |                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |           |   |
|  |   |  |  |         |                              |  |         |          |   |       |  |  |                |                       | X   | Direc  |   |   |           | wner  |
| (Last) (First) (Middle) 111 MCINNIS PKWY                       |   |  |  |         |                              | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2018              |         |          |   |       |  |  |                |                       | Officer (give t<br>below)   |  |   | Other (sp<br>below)   |           |   |
| ,  |   |  |  |         | 4. If                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |         |          |   |       |  |  |                |                       | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |   |   |           |   |
| (Street) SAN RAFAEL CA 94903                                   |   |  |  |         |                              |  |         |          |   |       |  |  |                | ne)<br>X              | Form filed by One Reporting Person                                      |  |   |   |           |   |
|  |   |  |  |         |                              |  |         |          |   |       |  |  |                |                       | Form filed by More than One Reporting Person                            |  |   |   |           |   |
| (City)   | (S  | tate) (                                    | Zip)                                       |         |                              |  |         |          |   |       |  |  |                |                       |   |  |   |   |           |   |
|  |   | Tabl                                       | e I - No                                   | n-Deriv | ative                        | Sec  | uritie  | s Ac     | quired,   | , Dis | posed o  | f, or  | Ben            | eficia                | ally  | Owne   | ed  |   |           |   |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |   |  |  |         |                              | Execution Date,  |         |          | 3.<br>Transa<br>Code (<br>8)                      |       | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |  |                |                       | l and 5) Sec<br>Ben<br>Owr  |  | cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |           | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |   |  |  |         |                              |  |         |          |   | v     | Amount   | (A<br>(D   | () or<br>()    | Price                 |   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |   |           | (Instr. 4)  |
| Common Stock 12/06/2   |   |  |  |         |                              | 2018   |         |          | S <sup>(1)</sup>                                  |       | 1,000  |  | D              | \$136.3               |   | 6 25,233 <sup>(2)</sup>                        |   | I   |           | By Trust  |
|  |   | Та   |  |         |                              |  |         |          |   |       | osed of,<br>onvertib                                       |  |                |                       | y Ov  | vned   |   |   |           |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/D | n Date, | 4.<br>Transa<br>Code (<br>8) |  |         |          | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye |       | te   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                |                       |   |  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | D)<br>ect | Beneficial<br>Ownership<br>(Instr. 4)               |
|  |   |  |  |         | Code                         | v  | (A)     | (D)      | Date<br>Exercisa                                  |       | Expiration<br>Date   | Title  | or<br>Nu<br>of | nount<br>mber<br>ares |   |  |   |   |           |   |

### **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 4/2/18.
- 2. The total securities beneficially owned includes 2,562 shares of unvested Restricted Stock Units.

#### Remarks:

Andy R. Sewell, Attorney-in-Fact for Crawford W.

**Beveridge** 

12/06/2018

\*\* 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.