FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D.C. 20549 |  |
|------------------------|--|
|                        |  |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20049 |  |
|------------------------|--|
|                        |  |

| OIVIB APPR               | OVAL      |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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).

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*  MCDOWELL MARY T |  |  |         |   | 2. Issuer Name and Ticker or Trading Symbol Autodesk, Inc. [ ADSK ]                |   |   |  |  |        |                              |   |      |   | ationship<br>k all app<br>Direc     | ,  |      | rson(s) to Is<br>10% Ov  |  |
|---|--|--|---------|---|--|---|---|--|--|--------|------------------------------|---|------|---|-------------------------------------|--|------|--|--|
| (Last)  | (Fi  | rst) (ľ                                    | Middle) |   | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024                        |   |   |  |  |        |                              |   |      |   | Office                              | er (give title<br>v)   |      | Other (s<br>below)   | specify  |
| ONE MARKET, SUITE 400                                     |  |  |         |   | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |  |  |        |                              |   |      | 6. Individual or Joint/Group Filing (Check Applicab Line)     |                                     |  |      |  | oplicable  |
| (Street) SAN FRANCISCO CA 94105                           |  |  |         |   | X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |   |  |  |        |                              |   |      |   |                                     |  |      |  |  |
| (City)  | (Si  | ate) (Z                                    | Zip)    |   |  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |  |  |        |                              |   |      |   | nded to                             |  |      |  |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |         |   |  |   |   |  |  |        |                              |   |      |   |                                     |  |      |  |  |
| Date  |  |  |         | Date Execu<br>(Month/Day/Year) if any                         |  | Deemed<br>ution Date,<br>/<br>th/Day/Year)  |   | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities<br>Disposed O<br>5) |  |        |                              |   |      | 5. Amount of<br>Securities<br>Beneficially<br>Owned 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) o<br>(D)                 | r<br>Price  |      |   | saction(s)<br>r. 3 and 4)           |  |      | (Instr. 4)   |  |
| Common Stock 03/15  |  |  |         | 03/15/2   | 2024   |   |   | S <sup>(1)</sup>   |  | 550    | D                            | \$25  | 6.66 | 33  | ,216(2)                             |  | D    |  |  |
|   |  | Tal  | ole II  |   |  |   |   |  |  |        | osed of, convertib           |   |      |   | Owne                                | d  |      |  |  |
| 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) | if any  | emed<br>tion Date,<br>//Day/Year)  4.<br>Trans:<br>Code<br>8) |  |   | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D<br>(Instr<br>and 5 | rities<br>ired<br>r<br>osed<br>)   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        | ate                          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (In<br>3 and 4) |      | Der<br>Sec<br>(Ins  | Price of erivative ecurity nstr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | ly G | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   | Code V (A  |  |         |   | (A)  | (D)   | Date<br>Exerci  | sable  | Expiration<br>Date   | Title  | or<br>Number<br>of<br>Shares |   |      |   |                                     |  |      |  |  |

## Explanation of Responses:

- 1. The sales reported in this form were effected pursuant to a Rule 105b-1 trading plan adopted by the reporting person on 09/13/2023.
- 2. The total securities beneficially owned includes 1,750 shares of unvested Restricted Stock Units.

## Remarks:

Melissa Hoge, Attorney-in-Fact for Mary T. McDowell

03/15/2024

\*\* 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.