FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
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	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* BEVERIDGE CRAWFORD W							2. Issuer Name and Ticker or Trading Symbol AUTODESK INC [ADSK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
DEVENIDGE CRAWFURD W																	rector		10% Ow	ner			
(Last) 111 MCI	(F NNIS PAR		Date 0		iest Tran	saction	Month	n/Day	y/Year)		Officer below)	(give title		Other (s below)	pecify								
				4. If Amendment, Date of Original Filed (Month/Dev/Month)										6. Individual or Joint/Group Filing (Check Applicable									
(Charat)							4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)						
(Street) SAN RAFAEL CA 94903																Form fi	Form filed by One Reporting Person Form filed by More than One Reporting			ı			
SAN KAPAEL CA 94903																				ing			
(City)	(6	tate)	(7in)		_											Person							
(City)	(5	lale)	(Zip)																				
		Tal	ble I - No	n-Deri	vativ	e Se	curi	ties Ad	quire	d, Di	spc	osed of	f, or Be	nefi	icially	Owned							
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Dispose Code (Instr.		4. Securition	ities Acquired (A) or d Of (D) (Instr. 3, 4 ar			Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Cod	e V	4	Amount	(A) (D)	r P	rice	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)			
Common	Stock			10/0	1/200	/2008			M			10,000	A		\$6.88	38,	937		I 1	By Trust			
Common	mon Stock 10/01/						/2008)		10,000	D	1	32.55	28,937			I 1	By Trust			
Common	Stock			10/0	1/200	08			S)	T	2,000	D	5	32.55	26,	937		By Trust				
			Table II -	Dorive	ativo	Soc	uriti	00 100	uirod	Dic		and of	or Por	ofic	ially (Jwnod		J					
			iable II -									nvertib				JWIIEU							
		1	I	``		, oan	Ť					1					I			T			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ansaction ode (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		le and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
														An	nount								
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration	Title	Nu of	mber ares								
Non- Qualified Stock Option (right to	\$6.88	10/01/2008			M			10,000	06/20/2	004 ⁽¹⁾	06/	5/20/2012	Common Stock	10	0,000	\$0	20,000	0	D				

Explanation of Responses:

- 1. The option vests over a 3-year period beginning on 06/20/2002 at the rate of 13,600 shares on the first anniversary and 13,200 shares on each of the second and third anniversaries.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 30, 2008.

Nancy R. Thiel, Attorney-in-

Fact for Crawford W.

<u>Beveridge</u>

eridge

10/02/2008

** 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.