FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | | |
| l | 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* <u>Di Fronzo Pascal W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTODESK INC [ADSK] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---|--|---|---------------------------------|---|---|-----|---|---------------------|-----------------|--|--|---|---|---|--|--|
| (Last) (First) (Mindle) L | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2008 | | | | | | | X Officer (give title Other (specify below) Sr. VP, Gen'l Counsel & Secy | | | | | |
| (Street) SAN RA | FAEL (| CA | 94903 | 4. | If Ame | mendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | 2A. Deemed Execution Date, | | | Code (Instr. 5) | | | d (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Ownership orm: Direct 0) or Indirect 1) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Table II - Der | vative | e Sec | urities | Acc | | Amount posed of. | or Bene | | (Instr. 3 a | and 4) | | | | |
| | | | | | | | | s, options, | | | | o miou | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Insti | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | te | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Incentive Stock Option (right to buy) | \$32.9 | 03/12/2008 | | A | | 3,042 | | 03/12/2009 ⁽¹⁾ | 03/12/2014 | Common Stock | 3,042 | \$0 | 3,042 | D | | | |
| Non- Qualified Stock Option (right to | \$32.9 | 03/12/2008 | | A | | 41,958 | | 03/12/2009 ⁽²⁾ | 03/12/2014 | Common Stock | 41,958 | \$0 | 41,958 | D | | | |

Explanation of Responses:

- 1. The option vests over a 4-year period beginning on 03/12/2008 at the rate of 1 share on each of the first, second and third anniversaries, and 3,039 shares on the fourth anniversary.
- 2. The option vests over a 4-year period beginning on 03/12/2008 at the rate of 11,249 shares on each of the first, second and third anniversaries, and 8,211 shares on the fourth anniversary.

Nancy R. Thiel, Attorney-in-Fact for Pascal W. Di Fronzo

03/14/2008

** 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.