FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D).C. 2	20549
---------------	--------	-------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL					
	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

Name and Address of Reporting Person* <u>Dionisio John M</u>														eck all applic	cable) or	g Person(Person(s) to Issuer 10% Owner	
	COM TECH	irst) HNOLOGY COF FREET, SUITE 3		ON		3. Date of Earliest Transaction (Month/Day/Year) 12/15/2013									Officer (give title Other (specify below) Chairman & CEO			
(Street) LOS AN	GELES C	GELES CA 90071				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)															
Date		2. Trans	saction	action :		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Se Transaction Disp Code (Instr. 5)		ties Acquire I Of (D) (Ins	ed (A) or	5. Amou Securitie Benefici Owned I	unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct E	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock			12/15/2013		3			F	\vdash	19,12	2 D	\$27.4	17 267	67,265	D			
Common	Stock			12/15	5/201	3			М		674	A	(1)	(1) 267,9		D		
Common	Stock			12/15	5/201	3			М		17,28	2 A	(2)	268	3,613	D		
Common	Stock			12/15	5/201	3			A ⁽³⁾		7,027	' A	(4)) 275,640 D				
		-	Гable II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution D	Date, Transaction Code (Instr			on of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e Ow s For lly Dire or I g (I) (vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	12/15/2013			M			1,392	12/15/20	12	(1)	Common Stock	1,392	(1)	0		D	
Restricted Stock Unit	(2)	12/15/2013			M			35,685	12/15/20	12	(2)	Common	35,685	(2)	35,68	5	D	

Explanation of Responses:

- 1. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On December 15, 2013, 1,392 of the reporting person's restricted stock units vested and were settled for an equal number of shares of AECOM common stock less any applicable tax withholding.
- 2. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On December 15, 2013, 35,685 of the reporting person's restricted stock units vested and were settled for an equal number of shares of AECOM common stock less any applicable tax withholding
- 3. Shares acquired pursuant to AECOM's Performance Earnings Program under 2006 Stock Incentive Plan.
- 4. Pursuant to the terms of AECOM's Performance Earnings Program, the calculation to determine the number of shares awarded under the Program was performed using a per share value equal to the closing price on December 13, 2013.

/s/ Preston Hopson, Attorneyin-Fact for John M. Dionisio

12/17/2013

** 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.