1. Name and Address of Reporting Person
   **Routs Rob J**
   (Last) (First) (Middle) 
   C/O AECOM
   1999 AVENUE OF THE STARS, SUITE 2600 
   (Street)
   LOS ANGELES CA 90067
   (City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
   **AECOM [ ACM ]**

3. Date of Earliest Transaction (Month/Day/Year)
   03/06/2019

4. If Amendment, Date of Original Filed
   (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   X Director
   10% Owner
   Officer (give title below) 
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted Stock Units</strong></td>
<td>(1) 03/06/2019</td>
<td></td>
<td>A</td>
<td>5,245</td>
<td>5,245</td>
<td>D</td>
<td>Common Stock</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Each restricted stock unit represents a contingent right to receive one share of AECOM common stock.
2. The restricted stock units vest on the earlier of March 6, 2020 or the date of the Corporation's 2020 Annual Meeting of Stockholders

/s/ Charles Szurgot, Attorney-in-Fact for Rob J. Routs 03/08/2019
**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).

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.