FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
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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* Rudd Troy | | | | | 2. Issuer Name and Ticker or Trading Symbol AECOM [ACM] | | | | | | | | 5. Relationship of Repo (Check all applicable) Director X Officer (give ti below) | | 10% Owi | | Owner (specify | | |
|---|---|--|--------------|---------------------|---|--|---|--------------|--|---------------|------------------------|---|---|---|---|---|---|---|--|
| (Last) C/O AEC | COM | , | (Middle) | 20 | | Date of Earliest Transaction (Month/Day/Year) 4/15/2018 | | | | | | | | below) | | P, CFC | · · · · · · · · | | |
| 1999 AVENUE OF THE STARS, SUITE 2600 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) LOS ANGELES CA 90067 | | | | _ | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | . 0.00. | • | | | | |
| | | Tab | le I - No | on-Deri | vativ | e Se | curit | ies Ac | quired | l, Di | sposed o | f, or Be | neficia | Ily Owned | l | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Exec Year) if an | | ned on Date, Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | Securities Beneficial Owned Fo | 5. Amount of Securities Beneficially Owned Following | | Direct I ndirect E r. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 ar | on(s) nd 4) | | | Instr. 4) | | | |
| Common | Stock | | | 04/15/ | /2018 | 018 | | | M | | 14,846 | A | \$36.0 | 2 35,5 | 96 | D | | | |
| Common Stock 04/15/20 | | | | /2018 | 018 | | | F | | 7,661 | D | \$36.0 | 2 27,9 | 35 | D | | | | |
| Common Stock | | | | | | | | | | | | | | 798.7 | 631 | I | | Dy Merrill Lynch Inder AECOM Retirement & Savings Plan RSP) | |
| | | - | Table II | | | | | • | - | | oosed of, convertil | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | te Execution | ned n Date, | 4. Transa | ransaction | | 5. Number of | | | isable and | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Derivative Security | 9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4) | ve es ially ng ed tion(s) | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | V (A | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | 1 | | | | | |
| Restricted Stock Unit | (1) | 04/15/2018 | | | M | | | 14,846 | 04/15/2 | 018 | (2) | Common Stock | 14,84 | (1) | 0 | | D | | |

1. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On April 15, 2018, 14,846 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. The restricted stock units vested in full on April 15, 2018.

/s/ Charles Szurgot, Attorneyin-Fact for Troy Rudd

12/18/2018

** 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.