## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549

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

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Name and Address of Reporting Person*     Werner Frederick W				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AECOM</u> [ ACM ]								5. Relationship of Report (Check all applicable) Director Officer (give title			10% (		
(Last)	,	irst)	(Middle)		3. Date of Earliest Tr 01/14/2015				insaction (Month/Day/Year)					X below) below)  Pres, Design & Conslt Services			
1999 AVENUE OF THE STARS, SUITE 2600				If Amendment, Date of Original Filed (Month/Day/Year)							6	Individual or Joint/Group Filing (Check Applicable					
(Street) LOS AN	IGELES C.	Α !	90067		J II.	Amendin	on, bac	s of Original Filed (Monthibay) feat)					ne) X Form	filed by C	ne Reporting Perso		on
(City)	(S	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispos Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			mstr. 4)
Common Stock 0:			01/14/20	015			S <sup>(1)</sup>		5,000	D	\$26.3	8 56,	56,864		D		
Common Stock												65,588	3.9553		I I 8	by Merrill Lynch Inder AECOM Retirement & Savings Plan RSP)	
		Т	able II -							posed of converti			y Owned				
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, ity or Exercise (Month/Day/Year) if any		n Date, T	5. Number of ode (Instr. Derivative		erivative ecurities equired ) or sposed (D) estr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security (Instr. 5) Benefic Owned Followi Reporte Transac (Instr. 4		ive Ownersh Form: cially Direct (C or Indire (I) (Instr. ed ction(s)		Beneficial Ownership (Instr. 4)	
l	l											Amount					

Date Exercisable

(2)

(3)

(5)

(7)

(D) (A)

Expiration

12/02/2016

12/08/2017

(5)

(6)

(7)

Title

Stock

Commor

Stock

Common

Stock

Commor

Stock

Common

Stock

## **Explanation of Responses:**

\$24.45

\$27.54

(4)

(4)

(4)

Employee

Option Employee

Stock Option

Restricted

Stock Unit

Restricted

Stock Unit

Restricted

Stock Unit

1. The sales in this Form 4 were made pursuant to a 10b5-1 trading plan adopted on December 10, 2014.

Code ν

- 2. The options vested in three equal annual installments beginning on December 2, 2010.
- 3. The options vested in three equal annual installments beginning on December 8, 2011.
- 4. Each restricted stock unit represents a contingent right to receive one share of AECOM common stock.
- 5. The restricted stock units vest in December 2015.
- 6. The restricted stock units vest in December 2016.
- 7. The restricted stock units vest in December 2017.

/s/ Preston Hopson, Attorneyin-Fact for Frederick W. Werner

Number

Shares

13,349

29,287

26,976

23,429

24,684

01/16/2015

13,349

29,287

26,976

23,429

24,684

D

D

D

D

D

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.