FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ligtori, D.C. 20549	OMB APPROVAL

1									
	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*						2. Issuer Name and Ticker or Trading Symbol AECOM TECHNOLOGY CORP [ACM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Chmielinski Jane A</u>						TIESON TECHNOLOGI COM [ACM]									Dire	ctor	10%	Owner		
(1+)	/ E:		- 2 D	2. Date of Farlingt Transposition (Month/Day/Voor)									Offic belo	er (give title w)	Other below	(specify				
(Last)	(Fi	rst) (3. Date of Earliest Transaction (Month/Day/Year) 01/04/2010									EV	EVP, Chief Corporate Offic		rer				
C/O AECOM TECHNOLOGY CORPORATION						01/04/2010										i, dilici di	orporate orin			
555 S FI	OWER ST	REET SHITE 3	700																	
555 S. FLOWER STREET, SUITE 3700						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					. 7. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)					
(Street)															X Form filed by One Reporting Person					
LOS AN	GELES CA	A 9	90071											- 1	Form filed by More than One Reporting					
					-										Pers		re than one ite	porting		
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or I	Bene	eficiall	y Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac	ction	ion 2A. Deemed				3. 4. Securities Acquired (A) o						ount of 6.	6. Ownership	7. Nature		
		•		Date (Month/Da	/\/		Execution Date,				Of (D) (Ir	of (D) (Instr. 3, 4 ar		Secur Benef		Form: Direct (D) or Indirect	of Indirect Beneficial			
				(WOILLIND	ay/ rear)	/Year) if any (Month/Day/Year)			Code (Instr. 8)				Owne	d Following (I)	(I) (Instr. 4)	Ownership				
						` ' '					(4) ar			Repor	rted action(s)		(Instr. 4)			
						Code	۱۷	Amount	(A) (D)	⁰¹ P	rice		3 and 4)							
Common Stock 01/04/20						:010			A ⁽¹⁾		5,258	5,258 A		528.15 ⁽²	15 ⁽²⁾ 12,633		D			
													<u> </u>							
		Та	ıble II -								osed of, convertib				Owned					
				(e.g., p	uts, c	ans,	waii	ants,				1 30	curit	163)			1			
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Dee		4.	-ti	5. Nu	mber	6. Date Exercisa			7. Title and			Price of	9. Number o		11. Nature		
Derivative Security	Conversion or Exercise		Execution if any		Transa Code (str. Derivative Securities		Expiration Date (Month/Day/Year)			Amount of Securities			erivative ecurity	derivative Securities	Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of		(Month/l		8) `				`	•	,	Underlying		(1	nstr. 5)	Beneficially	Direct (D)	Ownership		
	Derivative Security							Acquired (A) or				Derivative Security (Instr.		etr 3		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
County						Disposed of (D)				and 4)					Reported	ĭ ``` ´				
					(D)							Transaction(s)	(s)							
						(Instr. 3, 4 and 5)									(Instr. 4)					
				ŀ				\vdash					Amo							
													or	ount						
						l			D-4-		.		Num	nber			- 1			
	Code	v	(A)	(D)	Date Exercis	Date Expiration Exercisable Date		Title Shares		res										

Explanation of Responses:

- 1. Shares acquired pursuant to AECOM's Performance Earnings Program under 2006 Stock Incentive Plan.
- 2. 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 January 4, 2010.

/s/ Preston Hopson, Attorneyin-Fact for Jane A. Chmielinski 01/06/2010

** 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.