FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burde | en | | | | | |
| 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* <u>Holdsworth Raymond W Jr</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AECOM TECHNOLOGY CORP [ACM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|---|--|--|---------|------------------------|---|--|---|---------------------------------------|-----------------------------------|----------------------|--|--|----------|---|--|---|--|---|--|
| | ast) (First) (Middle) /O AECOM TECHNOLOGY CORPORATION 55 S. FLOWER STREET, SUITE 3700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2007 | | | | | | | | | oelow) | .0 | below) n, Corp Develo | | | |
| (Street) LOS ANGELES CA 90071 (City) (State) (Zip) | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (0 | • | | n-Deriv | vativ | | curities | . Δcc | uuired | Die | nosed o | of or Be | neficia | Ilv Ov | wned | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | saction | action 2A Exc Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Amour ecuritie eneficia wned F | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 09/11/ | | | | | | | 2007 | | М | | 50,000 | 0 A | \$6.8 | 34 (| 4 627,834.34 | | | D | | |
| Common Stock 09/11/ | | | | | 1/200 | 2007 | | | F | | 29,729 | 9 D | \$27. | 598,105. | | 05.346 | | D | | |
| | | | Table II - | | | | | | | | osed of, onvertil | | | y Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | Date, Transa Code (| | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Ex Expiration (Month/Da | Date | of Sector) Underl | | . Title and Amount f Securities Inderlying erivative Security nstr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | per | | | | | | |
| Employee Stock | \$6.84 | 09/11/2007 | | | M | | 50,000 | | 11/15/200 | 0 1 | 11/15/2007 | Common Stock | 50,000 |) \$ | 60 | 0 | | D | | |

Explanation of Responses:

/s/ David Y. Gan, Attorney-in-

Fact

** Signature of Reporting Person

Date

09/13/2007

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.