## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL           |           |  |  |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burd | len       |  |  |  |  |  |  |  |
| 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>Frist William H.</u>   |   |  |   |         |                                    |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>AECOM</u> [ ACM ] |   |   |   |                  |   |                |                       |  | of Reporting Pe<br>icable)<br>or  |                    | 10% O  | wner   |  |
|--|---|--|---|---------|------------------------------------|---|--|---|---|---|------------------|---|----------------|-----------------------|--|---|--------------------|--|--|--|
| (Last) (Filst) (Milute)  |   |  |   |         |                                    | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019 |  |   |   |   |                  |   |                |                       | Officer<br>below)  | (give title   |                    | Other (<br>below)  | specify  |  |
| 1999 AVENUE OF THE STARS, SUITE 2600   |   |  |   |         |                                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |   |   |   |                  |   |                |                       | 6. Individual or Joint/Group Filing (Check Applicable Line)                        |   |                    |  |  |  |
| (Street) LOS ANGELES CA 90067  |   |  |   |         |                                    |   |  |   |   |   |                  |   |                | - 1                   | X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |                    |  |  |  |
| (City)   | City) (State) (Zip)   |  |   |         |                                    |   |  |   |   |   |                  |   |                |                       |  |   |                    |  |  |  |
|  |   | Tab  | le I - Non  | -Deriva | ative                              | Se  | curitie  | s Ac  | quired,                                 | Dis                                     | osed o           | of, or B                                      | ene            | ficial                | ly Owne  | t   |                    |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |  |   |         |                                    | ar)   I   | Execution if any   | A. Deemed<br>kecution Date,<br>any<br>lonth/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                  | rities Acquired (A)<br>ed Of (D) (Instr. 3, 4 |                | A) or<br>B, 4 and     | Benefic  | ies Fo<br>ially (D)<br>Following (I)  |                    | n: Direct<br>r Indirect<br>istr. 4)                                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |   |  |   |         |                                    |   |  |   | Code                                    | v                                       | Amount           | (A) or<br>(D) Prid                            |                | Price                 | Transac<br>(Instr. 3   | tion(s)   |                    |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |                                    |   |  |   |   |   |                  |   |                |                       |  |   |                    |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, T | 4.<br>Transacti<br>Code (Ins<br>8) |   |  |   | 6. Date Exe<br>Expiration<br>(Month/Day | Date                                    |                  | Amount of                                     |                |                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly Di<br>or<br>(I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   | c       | Code                               | v   | (A)  | (D)   | Date<br>Exercisabl                      |   | xpiration<br>ate | Title   | or<br>Nu<br>of | nount<br>mber<br>ares |  |   |                    |  |  |  |
| Restricted<br>Stock<br>Units   | (1)   | 03/06/2019                                 |   |         | A                                  |   | 5,245  |   | (2)                                     |   | (2)              | Common<br>Stock                               | 5,             | 245                   | \$0  | 5,245   |                    | D  |  |  |

## **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-03/08/2019 in-Fact for William H. Frist

\*\* 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.