### FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

**OWNERSHIP** 

Washington, D.C. 20549	

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OMB Number:	3235-0

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# Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box if no longer subject to

Form 3 Holdings Reported.

Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

<u> </u>		01 36611011 30(1	i) or the lines	ineni Company F	101 UI 134	+0						
Name and Address of Reporting Person     Christofferson Carlo I	2. Issuer Name <b>and</b> Ticker or Trading Symbol AECOM ACM					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Christofferson Carla J</u>							Director	10	0% Owner			
(Loot) (First)	(Middle)	3 Statement for	r leguer's Fign	al Year Ended (M	/Vear)	X	Officer (give titl below)		ther (specify elow)			
(Last) (First)  C/O AECOM	(Middle)	09/29/2017	1 133001 3 1 1301	ar rear Ended (W	EVP, General Counsel							
1999 AVENUE OF THE STARS, S												
(Street)		4. If Amendmen	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)				
LOS ANGELES	90067								X Form filed by One Reporting Pe			
-		-							Form filed by More than One Reporting Person			
(City) (State)	(Zip)											
Ta	ble I - Non-Deriv	ative Securiti	es Acquir	ed, Disposed	d of, or	Benefic	cially	y Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				ed	5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership		
				Amount	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock	03/15/2017		G	140	D	\$0		1,759 <sup>(1)</sup>	D			
Common Stock	06/05/2017		G	188	D	\$0		1,571 <sup>(1)</sup>	D			
Common Stock								237.7254	I	by Merrill Lynch under AECOM Retirement & Savings		

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., pars, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Expi		Expiration Da	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	(2)						(3)	(3)	Common Stock	17,380		17,380	D	
Restricted Stock Unit	(2)						(4)	(4)	Common Stock	14,151		14,151	D	

#### **Explanation of Responses:**

- 1. The overall share amount includes recent Employee Stock Purchase Plan purchases.
- 2. Each restricted stock unit represents a contingent right to receive one share of AECOM common stock.
- 3. The restricted stock units vest in December 2018.
- 4. The restricted stock units vest in December 2019.

/s/ Charles Szurgot, Attorney-

in-Fact for Carla J

11/13/2017

Christofferson

\*\* 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.