Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(h).

1. Name and Address of Reporting Person*  
Dionisio John M  
(C/O AECOM TECHNOLOGY CORPORATION  
555 S. FLOWER STREET, SUITE 3700  
LOS ANGELES CA 90071  
(Street) (City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
AECOM TECHNOLOGY CORP [ ACM ]

3. Date of Earliest Transaction (Month/Day/Year)  
06/07/2007

4. If Amendment, Date of Original Filed  

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
X Director  
X Officer (give title below)  
President & CEO

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock Unit</td>
<td>06/07/2007</td>
<td>A</td>
<td>41.5937</td>
<td>$22.77</td>
<td>277,456.6379</td>
<td>D</td>
<td>Common Stock</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Each common stock unit is the economic equivalent of one share of AECOM common stock.
2. Company match units associated with common stock units purchased pursuant to periodic payroll deductions under the AECOM Stock Purchase Plan.

David Gan by POA  
06/11/2007

** 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).


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.