FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
ı	Estimated average burden									

0.5

hours per response:

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* FORDYCE JAMES H						2. Issuer Name <b>and</b> Ticker or Trading Symbol AECOM [ ACM ]							(Ch	elationship o eck all applio	able)	g Perso	. ,	
														X Directo	r		10% Ow	ner
(Last)	`	irst) GHWAY NORT	(Middle) H		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017								Officer (give title Othe below) below				pecify	
SUITE 13, #300					$\perp$													
3011E 13, #300						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)														X Form filed by One Reporting Person				
DARIEN CT 06820-4608		8										Form filed by More than One Reporting						
			_									Person		e urari	One Repor	uiig		
(City)	(S	tate)	(Zip)															
		Tal	ole I - Non	-Deri	vativ	e Se	curitie	es Acc	quired,	Dis	posed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)			5. Amour Securitie Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
					Code			v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 03/01/				)1/201	/2017		М		4,836	4,836 A		138	138,171		D			
			Table II - [											Owned				
			(	e.g., <sub> </sub>	puts,	caii	s, war	rants,	option	ıs, c	onvertik	ne secu	rities)	1				
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Date, Transact Code (In			5. Num Deriva Securi Acquir or Disp of (D) 3, 4 an	itive ities red (A) posed (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares	unt (Instr. 4) ber		,(3)		
Restricted Stock Units	(1)	03/01/2017			М			4,836	(1)		(1)	Common Stock	4,836	\$0	0		D	
Restricted Stock Units	(2)	03/01/2017			A		4,229		(3)		(3)	Common Stock	4,229	\$0	4,229		D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On March 1, 2017, 4,836 of the reporting person restricted stock units vested and were settled for an equal number of shares of AECOM common stock.
- 2. Each restricted stock unit represents a contingent right to receive one share of AECOM common stock.
- 3. The restricted stock units vest on the earlier of March 1, 2018 or the date of the Corporation's 2018 Annual Meeting of Stockholders.

/s/ Preston Hopson, Attorneyin-Fact for James H. Fordyce 03/03/2017

\*\* 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.