## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANGE</b>	S IN BENEFICIA	<b>AL OWNERSHIP</b>

OMB APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
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* Frist William H.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AECOM</u> [ ACM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
				-  _									_	Director Officer (give title		10% Owner Other (specify		
(Last) (First) (Middle) C/O AECOM						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2015								below)	(9170 1110		below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1999 AVENUE OF THE STARS, SUITE 2600					A If Amandment Date of Original Filed (Month/Double-1)								6. Individual or Joint/Group Filing (Check Applicable					
(Church)				-   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Line)					
(Street) LOS ANGELES CA 90067													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)																		
		Tal	ole I - Non	-Deri	vativ	e Se	curitie	es Acc	quired,	Dis	osed o	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F Reported	es Formally (D) (Sollowing (I) (II)		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 03/04/				04/201	/2015		M		2,164	2,164 A		28,	28,460		D			
			Table II - I (									or Bene ole secu		Owned				
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, Transaction Code (Instr.			n Derivative		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	is Blly	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		(Instr. 4)	on(s)		
Restricted Stock Units	(1)	03/04/2015			M			2,164	(1)		(1)	Common Stock	2,164	(1)	0		D	
Restricted Stock Units	(2)	03/04/2015			A		4,327		(3)		(3)	Common Stock	4,327	\$0	4,327	,	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On March 4, 2015, 2,164 of the reporting person's 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 4, 2016 or the date of the Corporation's 2016 Annual Meeting of Stockholders.

/s/ Preston Hopson, Attorney-03/06/2015 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.