FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Poloni Lara					AE	2. Issuer Name and Ticker or Trading Symbol AECOM [ACM]								elationship o ck all applic Director	able)	Reporting Person(s) to Issuer ble) 10% Owner				
(Last)	(First)	(1	Middle))		3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017								Officer below)	(give title	Other (specify below)		pecify	
C/O AECOM, 1999 AVENUE OF THE STARS														Chief Executive, EMEA						
SUITE 2600						4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															Form file	Form filed by One Reporting Person				
LOS AN	LOS ANGELES CA 90067													Form filed by More than One Reporting Person						
(City)	(State)	(2	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				/Year) i	Execution Date,		·				es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac			. 4)	msu. 4)		
Common Stock 12/15/20				017	17			M		2,507	A	\$27.91	4,795			D				
Common Stock 12/15/2)17				F		508	D	\$27.91	4,287			D				
Common Stock 12/15/20)17				A ⁽²⁾		2,499	A	(3)	6,7	6,786		D				
				Tal								osed of, o			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date	nsaction h/Day/Year)	if any	eemed tion Date, n/Day/Year)	, Transaction Derivative Expira Code (Instr. Securities (Month					e Exercisable and Amount of Securities Underlying Derivative Security (Ins and 4)			of s ng e (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
						Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				

Explanation of Responses:

(1)

(4)

Restricted

Stock

Units Restricted

Units

1. Each restricted stock unit represented a contingent right to receive one share of AECOM common stock. On December 15, 2018, 2,507 of the reporting person's restricted stock units vested and were settled for an equal number of shares of AECOM common stock less any applicable tax withholding.

2,507

10,182

12/15/2018

(5)

(1)

(5)

- 2. Shares acquired pursuant to AECOM's Performance Earnings Program under 2006 Stock Incentive Plan.
- 3. Pursuant to the terms of AECOM's Performance Earnings Program, the calculation to determine the number of shares awarded under the Program was performed using a per share value equal to the closing price on December 15, 2018.
- 4. Each restricted stock unit represents a contingent right to receive one share of AECOM common stock.
- 5. The restricted stock units vest in December 2021.

/s/ Charles Szurgot, Attorney-12/18/2018 in-Fact for Lara Poloni

** Signature of Reporting Person

2,507

10,182

Stock

Commo

Stock

\$29.92

\$<mark>0</mark>

2,507

10,182

D

D

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).

12/15/2018

12/15/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

M

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.