Duva Jason A Form 4 September 11, 2017

Check this box

if no longer

subject to

Section 16.

Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

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Form 4 or obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Duva Jason A

2. Issuer Name and Ticker or Trading

Symbol

AVID TECHNOLOGY, INC.

[AVID]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last) (First) (Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 09/09/2017

Director 10% Owner X__ Officer (give title __X__ Other (specify

below) below)

General Counsel & SVP, Strateg / Corporate

Secretary

75 NETWORK DRIVE

4. If Amendment, Date Original

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

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

Issuer

(Street)

(City)

Filed(Month/Day/Year)

BURLINGTON, MA 01803

(State)

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	curities Form: Direct neficially (D) or yned Indirect (I)		
		Code V	(A) or Amount (D) Price	Reported Transaction(s) (Instr. 3 and 4)	(III3ti. +)	(Instr. 4)	
Common Stock	09/09/2017	F	521 (1) D \$ 4.26	129,323	D		
Common Stock	09/09/2017		917 (2) D \$ 4.26		D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m 1	or		
					Exe	Exercisable	*	Title Nu	Number		
									of		
				Code V	(A) (D)				Shares		

Relationships

Reporting Owners

Reporting Owner Name / Address					
	Director	10% Owner	Officer	C	Other

Duva Jason A Corporate 75 NETWORK DRIVE General Counsel & SVP, Strateg Secretary **BURLINGTON, MA 01803**

Signatures

/s/ Alessandra Melloni as Attorney-in-Fact for Jason A. 09/11/2017 Duva

> **Signature of Reporting Person Date

Explanation of Responses:

- 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).
- Represents shares withheld by the Issuer to satisfy tax withholding obligation upon the vesting on September 9, 2017 of 8.33% of the (1) restricted stock units awarded on March 9, 2015. This award includes a provision requiring the withholding of shares by the Issuer to pay the required withholding taxes due on the vesting date.
- Represents shares withheld by the Issuer to satisfy tax withholding obligation upon the vesting on September 9, 2017 of 8.33% of the (2) restricted stock units awarded on March 9, 2016. This award includes a provision requiring the withholding of shares by the Issuer to pay the required withholding taxes due on the vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2