## Edgar Filing: INTUIT INC - Form 4

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Form 4												
July 27, 200	)7											
FORM	ΠΔ									PPROVA	L	
	UNITED	STATES		RITIES A Ashington			NGE	COMMISSIO	N OMB Number:	3235-	0287	
Check this box										Expires: January		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI									· ·		2005	
Section	16.			SECUI	RITIES					Estimated average burden hours per		
Form 4									response		0.5	
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
may cor				•	•	-	•	of 1935 or Secti	on			
See Inst		30(h)	of the I	nvestmen	t Compai	ny Ac	ct of 1	940				
1(b).												
(Print or Type	Desponses)											
(Find of Type	Kesponses)											
1 Name and	Address of Reporting	Person *	2 I.a.	or Nomo on	d Tieker or	Tradi	20	5. Relationship	of Reporting Per	son(s) to		
	LAURA A	-	Symbol	2. Issuer Name <b>and</b> Ticker or Trading			Issuer	or reporting re	561(5) 10			
			•	T INC III								
				INTUIT INC [INTU]				(Check all applicable)				
(Last)	(First) (	Middle)		Date of Earliest Transaction								
				Month/Day/Year)			Director X Officer (gi		% Owner her (specify			
C/O INTUIT INC., 2700 COAST 07/25/ AVENUE				7/25/2007			below) below)					
AVENUE								SVP,Gene	eral Counsel & C	Corp Sec		
	(Street)		4. If Am	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	ar)			Applicable Line)				
_X_Form filed by On									one Reporting Person fore than One Reporting			
MOUNTA	IN VIEW, CA 94	043						Person	Nicite unun one it	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	1	
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6. Ownership	7. Nature	of	
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)					Securities	Form: Direct	Indirect			
(Instr. 3)				Code (Instr. 8)	Disposed of (I			Beneficially Owned	(D) or Indirect (I)	Ownershi		
			iy/ I cai )	(111501.0)	(11150. 3,	+ anu .	3)	Following	(Instr. 4)	(Instr. 4)	ιp	
						$(\Lambda)$		Reported	. ,	. ,		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly o	or indirectly.				

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 control number.

 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. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8) Acquired (A or Disposed (D) (Instr. 3, 4, and 5)		ed of					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 30.07	07/25/2007		Α		30,000		<u>(1)</u>	07/24/2014	Common Stock	30,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FENNELL LAURA A C/O INTUIT INC. 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043			SVP,General Counsel & Corp Sec					
Signatures								

/s/ Christina Hall, under a Confirming Statement

\*\*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).
- (1)  $\frac{33 \ 1/3\%}{3}$  of the options vest on the first anniversary of the grant date; thereafter, options vest 2.778% for each of the following 24 months such that the options are fully vested on the third anniversary of the grant date.

07/27/2007

(2) Reporting person was awarded the option grant in connection with her employment.

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.