INTUIT INC Form 4 October 10, 2007

FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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).

(Last)

(City)

Form 5

obligations

may continue.

(Print or Type Responses)

1. Name and Address of Reporting Person * Goodarzi Sasan K

(Zip)

(First) (Middle)

C/O INTUIT INC., 2700 COAST **AVENUE**

(Street)

(State)

Filed(Month/Day/Year)

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer Symbol INTUIT INC [INTU] (Check all applicable) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title Other (specify 10/09/2007 below) below) Senior Vice President 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

MOUNTAIN VIEW, CA 94043

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned (T) Following (Instr. 4) (Instr. 4)

> Reported (A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 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 **Transaction**Derivative **Expiration Date Underlying Securit** Security or Exercise Code Securities (Month/Day/Year) (Instr. 3 and 4) any

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(Instr. 3	3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of				
					Code V	(A)	(D) Date Exercis		xpiration nte	Title	Amo or Num of Sh
Stock	oyee Qualified Option to buy)	\$ 32.23	10/09/2007		A	20,000	<u>(1</u>	<u>)</u> 10	0/08/2014	Common Stock	20,0
Restri Stock		(3)	10/09/2007		A	10,000	<u>(4</u>	<u>)</u>	<u>(4)</u>	Common Stock	10,0

Reporting Owners

Penerting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Goodarzi Sasan K C/O INTUIT INC. 2700 COAST AVENUE

Senior Vice President

MOUNTAIN VIEW, CA 94043

Signatures

/s/ Christina Hall, under a Confirming
Statement

10/10/2007

**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) 33 1/3% of the options vest on September 10, 2008; thereafter 2.778% of the options vest for each of the following 24 months such that the options are fully vested on September 10, 2010.
- (2) Reporting person was awarded the options in connection with his employment.
- (3) 1-for-1
- (4) Two step vesting schedule applies to this award. (1) FY08 performance vesting criteria must be met and (2) if that criteria is met, all restricted stock units vest on September 1, 2010.
- (5) Reporting person was awarded the restricted stock units in connection with his 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.

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