FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| to Sec obliga | this box if no ction 16. Form tions may cou ction 1(b). | | zt | STA | | l pursu | ant to S | Section 16(a |) of the | Secur | NEFICIA | e Act of ² | | SHIP | 11 | ated a | er: average burd esponse: | 3235-0287 en 0.5 |
|---|--|--------------|-------|----------------|--|-----------------|---|--------------|-------------------|--|--------------------------|-----------------------|---|---|------------------------------|---|---|------------------------|
| 1. Name and Address of Reporting Person [*] Jolla Alice L. (Last) (First) (Middle) C/O MICROSOFT CORPORATION ONE MICROSOFT WAY | | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol MICROSOFT CORP [MSFT] 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2022 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting Officer | | | | | |
| (Street) REDM((City) | | VA State) | | 28052- Zip) | 6399 | 4. lf | Amend | ment, Date | of Origi | nal File | ed (Month/Da | | 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 - No | on-Deriva | ative | Secu | rities Ac | quired | d, Dis | sposed of | , or Be | neficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execu if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | action (Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | I 5) Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 11/30/2 | | | | | | 022 | | | F | | 414.647 | D | \$240. | 33 66,8 | 80.0346 | | D | |
| | | | Та | ble II | | | | | | | oosed of, o convertib | | | | d | | | |
| 1. Title of | 2. | 3. Transad | ction | 3A. De | eemed | 4. | | 5. Number | 6. Dat | 6. Date Exercisable and 7. Title and | | | | 8. Price of | 9. Number | of | 10. | 11. Nature |

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|-----|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Ann Habernigg, Attorney-in-Fact for Alice L. Jolla

12/01/2022

** 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.