FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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* COURTOIS JEAN PHILIPPE					2. Issuer Name and Ticker or Trading Symbol MICROSOFT CORP [MSFT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President				
(Last) (First) (Middle) C/O MICROSOFT CORPORATION ONE MICROSOFT WAY					3. Date of Earliest Transaction (Month/Day/Year) 08/06/2020													
(Street) REDMOND WA 98052-6399 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									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-Deriva	tive S	Securit	ties	Acqu	ired.	Dis	posed	l of,	or I	Benef	icially Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date,		ıte,	3. Transaction Code (Instr. 8)		4. Securities Acqui			uired (A) or		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amo	unt	(A) o (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				
Common	Stock		08/06/2020				S		15	,140	D	,	\$215	560,498	D			
Common	Stock													197,883	I	Held the "contrate d'assura		
Common	Stock													59,699	I	Held the "contrate d'assura vie ⁽¹⁾	· [
Common	Stock													16,400	I	Held the	· ·	
Common	Stock													16,400	I	Held trh "contrat capitalis	· ·	
Common Stock													16,400	I	Held through "contrat de capitalisation"(2)			
		Tal	ole II - Derivati (e.g., pu												ı			
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	4. Transa	4. Transaction Code (Instr. 8)		Number 6. Date			Exercisable and ion Date (Day/Year)			tle and unt of irities erlying vative irity (Ins	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v ((A)		oate Exercis	sable	Expirat Date		Title	Amou or Numb of Share	er				

Explanation of Responses:

- 1. Held through "contrat d'assurance vie," a form of life insurance program, where the reporting person maintains investment control over the Microsoft shares held in the program. Beneficiaries of the program include the reporting person's children. The reporting person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein.
- 2. Held through "contrat de capitalisation," a form of life insurance program for the benefit of the reporting person's two children, or inheritor, where the reporting person maintains investment control over the Microsoft shares held in the program. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or any other purpose.

Remarks:

Ann Habernigg, Attorney-in-

Fact for Jean-Philippe Courtois

Date

08/07/2020

** Signature of Reporting Person

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.