FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | UI S | Secui | 011 30(11) | or the r | nvesine | iii Coi | ilipally Act | 01 194 | 40 | | | | | | | | |
|---|---|--|---|------------------------------|---|---|------------|---------------------------------------|-------------------------------------|----------|--|---|-----------------|---|---|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>Klawe Maria</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol MICROSOFT CORP [MSFT] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | 1 | | | | | | | | | | X | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) C/O MICROSOFT CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2012 | | | | | | | | | | | Office belov | ficer (give title low) | | Other (specify below) | | |
| ONE MICROSOFT WAY | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | | -, | Form | filed by One | e Repo | rtina Pers | on | |
| REDMOND WA 98052-639 | | | 99 | | | | | | | | | | | 21 | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, oı | r Bene | eficia | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | nth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos Code (Instr. 5) | | Disposed | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 08/15 | | | | | 5/2012 | | | | A | | 1,241 | 1,241 ⁽¹⁾ A | | \$ | 0 | 17,380 | | | D | | |
| | | Та | ble II - D (e | | | | | | | | osed of, onvertib | | | | y Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transaction Code (Inst | | | | | 6. Date E Expiration (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | | |

Explanation of Responses:

1. Represents stock award which is fully vested on the date of grant.

Remarks:

Keith R. Dolliver, Attorney-in-

08/17/2012

<u>Fact for Maria Klawe</u>

** 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.