FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name an | d Address of | Reporting Person* | | | 2. Is | ssuer | r Name a | nd Tick | er or Tra | ding 9 | Symbol | | | | | | | g Person(s) | o Issuer |
|---|---|--|--|----------------|--|---|-----------------|--------------------------------------|--|--|---------------------|---|-------------------------------|---|--|---|---|---|--|
| SINOFSKY STEVEN J | | | | | <u>M</u> | MICROSOFT CORP [MSFT] | | | | | | | | | | all applicable) Director | | 109 | 6 Owner |
| | | | | | | | | | | | | | | \dashv | X Offi | | er (give title v) | | er (specify ow) |
| (Last) (First) (Middle) C/O MICROSOFT CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2012 | | | | | | | | President, Windows Division | | | | | |
| ONE MICROSOFT WAY | | | | | | | | | | | | | \perp | | | | | | |
| | | | | . 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) REDMOND WA 98052-639 | | | 99 | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | - SOUSE SOUSE | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ո-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | ficia | ally O | wne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, | | | nd S | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 09/10 | | | | | 10/2012 | | | | A | | 220,636 | 86 ⁽¹⁾ A | | \$ | 1,176,195 | | D | | |
| | | Та | | | | | | | , | | sed 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 D if any (Month/Day/ | Date, | Pate, Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amo or Nun of Sha | ber | | | | | |

Explanation of Responses:

1. Represents stock award for fiscal year 2013 performance that will vest over 4 years at the rate of 25% starting on August 31, 2013, and then at the rate of 25% on each August 31 thereafter, subject to continued employment.

Remarks:

Keith R. Dolliver, Attorney-in-Fact for Steven J. Sinofsky

** 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.