FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| gton, D.C. 20549 | OMB APPROVAL |
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| OMB Number: | 3235-0287 | | | | | | | | |
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| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

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 and Address of Reporting Person* <u>Johnston Hugh F</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MICROSOFT CORP [MSFT] | | | | | | | | | . Relationsh Check all ap X Dire | plicable) | ng Person(s) to 10% | lssuer Owner |
|--|--|--|---------------------------|-------------|--|---|------|--------------------------------------|------------------|--|--------------------|-------------|---|--|---|---|---|--|
| (Last) (First) (Middle) C/O MICROSOFT CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2019 | | | | | | | | | Offic belo | er (give title w) | Othe belov | r (specify v) |
| ONE MICROSOFT WAY (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | | | 98052-639 ———— Zip) | | | | | | | | | | | | | orm filed by More than One Reporting erson | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Date, | | Code | Transaction Disposed Code (Instr. 5) | | | | | nd Secur Benet | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (, | A) or D) | Pric | Trans | action(s) 3 and 4) | | (11150.4) | |
| Common Stock 01/31/ | | | | | 1/2019 | /2019 | | A | | 478(1 | .) | A | \$ | 0 | 3,134 | D | | |
| Common Stock | | | | | | | | | | | | | | | | 68(2) | I | By trust |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Dat ecurity or Exercise (Month/Day/Year) if any | | | Date, | Code (Instr. | | of E | | Expiration | i. Date Exercisable and xpiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Nun of Sha | | | | | |

Explanation of Responses:

- 1. Represents stock award which is fully vested on the date of grant.
- 2. 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 such securities for purposes of Section 16 or for any other purpose.

Remarks:

<u>Ann Habernigg, Attorney-in-fact for Hugh F. Johnston</u>

02/01/2019

** Signature of Reporting Person

Date

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

- * 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.