FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPI | ROVAL |
|---|---------------------|----------|
| | OMB Number: | 3235-028 |
| 1 | Estimated average h | urden |

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37 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).

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* BROD FRANK H | | | | | | 2. Issuer Name and Ticker or Trading Symbol MICROSOFT CORP [MSFT] | | | | | | | | | Check al [| l applic Director | cable) r | | Owner |
| (Last) (First) (Middle) C/O MICROSOFT CORPORATION ONE MICROSOFT WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2008 | | | | | | | | | | oelow) | fficer (give title Other (specify below) Chief Accounting Officer | | |
| (Street) REDMOND WA 98052-6399 (City) (State) (Zip) | | | | 99 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Nor | า-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | fici | ally O | wned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | Transaction Dispos Code (Instr. 5) | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd So | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A (I | A) or D) | Price | , Tr | ansacti nstr. 3 a | ion(s) | | (1130.4) |
| Common Stock 08/29/2 | | | | | | 2008 | | | A | | 32,862 | (1) | A | \$0 | | 108,284 | | D | |
| Common Stock 08/31/2 | | | | | | 2007 | | | | | 6,699 | | D | \$27.1 | | 101,585 | | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transaction Code (Ins | | | | | 6. Date E Expiratio (Month/D | n Dat | e | Amou Secur Under Deriva Secur | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivat Securit (Instr. 5 | ive do y Si b) B O Fo R Ti | . Number of erivative ecurities leneficially owned following teported ransaction(nstr. 4) | 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 | ber | | | | | |

Explanation of Responses:

1. Represents stock award which shall vest over 4 years at the rate of 25% on August 31, 2008 and then at the rate of 25% on each August 31 thereafter, subject to continued employment.

Remarks:

Keith R. Dolliver, Attorney-in-09/03/2008 fact for Frank H. Brod

** 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.