FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number: 3235-010							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Estes Gregory A			2. Date of Event Requiring Staten Month/Day/Year 12/20/2006	nent	3. Issuer Name and Ticker or Trading Symbol AVID TECHNOLOGY INC [ AVID ]							
(Last) (First) (Middle) 18757 ASPESI DRIVE						tionship of Reporting Perso all applicable) Director	Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SARATOGA	CA	95070			X	Officer (give title below)  VP and Chief Marketi	Other (spe below) ng Officer	cify		cable Line) Form filed by	t/Group Filing (Check  y One Reporting Person  y More than One	
(City)	(State)	(Zip)								Reporting Po		
		Т	able I - Non	-Derivat	ive S	ecurities Beneficially	y Owned					
1. Title of Security (Instr. 4)						nount of Securities fficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock												
Common Stock	ζ.					108	D					
Common Stock	ζ	(e. <u>ç</u>				108 urities Beneficially C ptions, convertible	Dwned	s)				
Common Stock  1. Title of Deriva				is, warra	nts, c	urities Beneficially (	Owned securities	4. Conver	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

John LaMountain, Attorney-in-12/20/2006

\*\* 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 5 (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.