FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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

1. Name and Address of Reporting Person* Legon Joel 2. Date of Event Requiring Statement (Month/Day/Year) 03/07/2006		nent	3. Issuer Name and Ticker or Trading Symbol AVID TECHNOLOGY INC [AVID]					
(Last) (First) (Middle) 20 PINE PASTURE RUN			 Relationship of Reporting Perso (Check all applicable) Director 	n(s) to Issue 10% Owne	(N	If Amendment, Da onth/Day/Year)	ate of Original Filed	
(Street) BOXBOROUGH MA 01719			X Officer (give title below) VP & Corporate Co	Other (spe below) ontroller		plicable Line) X Form filed b	t/Group Filing (Check y One Reporting Person y More than One	
(City) (State) (Zip)						Reporting P		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities held			0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

<u>Joel E. Legon</u> <u>03/09/2006</u>

** Signature of Reporting Person Dat

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

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.

 $^{^{\}star}$ 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).