FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

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 and Address of Reporting Person* Duva Jason A				2. Issuer Name and Ticker or Trading Symbol AVID TECHNOLOGY, INC. [AVID]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title V Other (specify						
(Last) (First) (Middle) AVID TECHNOLOGY, INC. 75 NETWORK DR.					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2016								X Officer (give title X Other (specify below) Senior VP & General Counsel / Corporate Secretary					
(Street)	GTON MA	A 0	1803	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(Sta	ate) (Z	Zip)		Person													
		Tab	le I - Non-D	Derivative	e Sec	curities	Acc	quired,	Dis	posed of	, or Ber	neficia	lly Owned	l				
Date			Transaction ate lonth/Day/Yea	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Benefic Owned	es ially Following	Form (D) or	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 03/09/				03/09/2016	5	A 24,823 ⁽¹⁾ A		\$0.	00 93	93,393		D						
		Т	able II - De (e.	erivative : .g., puts,									y Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares	r					
Performance Rights (Restricted	(2)	03/09/2016		A		24,823		(2)	\Box	01/01/2020	Common Stock	24,82	3 \$0.00	24,82	23	D		

Explanation of Responses:

- 1. Represents an award of restricted stock units ("RSUs") that will vest on a time-based vesting schedule as follows: 33.33% on the first anniversary of the grant date of March 9, 2016, and the remaining 66.66% in equal 8.33% installments every 3 months thereafter, provided the reporting person continues to be employed by Avid Technology, Inc. (the "Issuer") on each such vesting date. Each RSU represents the contingent right to receive one share of the Issuer's common stock. This award includes a provision for the withholding of shares by the Issuer to pay the withholding taxes due on each such vesting date.
- 2. Represents an award of RSUs that will vest on a performance-based schedule tied to the Issuer's stock price in 2016, 2017 or 2018 or the achievement of certain financial metrics in 2016. Each RSU represents the contingent right to receive one share of the Issuer's common stock. This award includes a provision for the withholding of shares by the Issuer to pay the withholding taxes due on each such vesting date.

Remarks:

/s/ Jason A. Duva

03/11/2016

** 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.