FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APP	ROVAL
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hours per response:	0.5

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 Repo BOGGS PAULA	Name and Address of Reporting Person*  OGGS PAULA  2. Date of Event Requiring Statement (Month/Day/Year)  07/29/2015  3. Issuer Name and Ticker or Trading Symbol  AVID TECHNOLOGY, INC. [ AVID ]								
(Last) (First) 75 NETWORK DRIVE	(Middle)	,, <b>_</b> 0,_015		Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner		er (N	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check		
(Street) BURLINGTON MA	01803				Officer (give title below)	Other (spe below)		plicable Line) X Form filed b	y One Reporting Person y More than One
(City) (State)	(Zip)	able I - Non	-Derivati	ive Se	ecurities Beneficiall	v Owned			
·			Beneficial Ownership						
	(e.g				urities Beneficially ( ptions, convertible		s)		
1. Title of Derivative Security	y (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/\	ate	Underlying Derivative Security (Instr. 4) Conversion or Exercise		Form:	(Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount Derivative or Indirec		Direct (D) or Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Nina Andersson-Willard as 07/30/2015 Attorney-in-Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.

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