## FORM 4

to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden

OMB APPROVAL

hours per response. . .0.5 Filed By

Romeo and Dye's

Section 16 Filer www.section16.net

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

 Name and Address of Reporting Person\* Issuer Name and Ticker or Trading Symbol Relationship of Reporting Person(s) to Issuer (Check all applicable) Avid Technology, Inc. (AVID) Jacks Ethan E. Director 10% Owner 3. I.R.S. Identification Number X Officer (give title below) \_ Other (specify below) (Last) (First) (Middle) 4. Statement for of Reporting Person, Month/Day/Year Vice President of Business Development & Chief Legal Counsel if an entity (voluntary) 01/10/2003 86 Concord Street 7. Individual or Joint/Group Filing (Check Applicable Line) (Street) 5. If Amendment, Date of Original X Form filed by One Reporting Person Weston, MA 02493 (Month/Day/Year) \_ Form filed by More than One Reporting Person (City) (State) Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Zip) 1. Title of Security 2. Trans-2A. Deemed 3. Trans-4. Securities Acquired (A) or Disposed of (D) 5. Amount of Owner-7. Nature of Indirect ship Form: Beneficial Ownership action Code (Instr. 3, 4 & 5) Securities (Instr. 3) action Execution Date Date, Instr. 8) Beneficially Direct (D) Instr. 4) (Month/ Day if any Code Amount (A) Price Owned Followor Indirect (I) Year) (Month/Day/ ing Reported Transactions(s) (Instr. 4) or Year)

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

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 control number

(D)

(Instr. 3 & 4)

## FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2. Conver-	3. Trans-	3A.	4.	5	5. Number of		6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature
þ	Derivative	sion or	action	Deemed	Trans-	- II	Derivative Securities		and Expiration		Amount of		Derivative	Derivative	Owner-	of Indirect
-	Security	Exercise	Date	Execution	action	. A	Acquired (A) or		Date		Underlying		Security	Securities	ship	Beneficial
- 1		Price of		Date,	Code	I	Disposed of (D)		(Month/Day/		Securities		(Instr. 5)	Beneficially	Form	Ownership
	Instr. 3)	Derivative	(Month/	if any		-			Year)		(Instr. 3 &	4)		Owned	of	(Instr. 4)
-		Security	Day/ Year)	(Month/	(Instr.	(	Instr. 3, 4 & 5)	)						Following	Deriv-	
-			′	Day/ Year)	8)									Reported	ative	
-				<b>'</b>										Transaction(s)	Security:	
-					Code	V	(A)	(D)	Date Exer-	Expira-	Title	Amount		(Instr. 4)	Direct	
-							` '	` ′	cisable	tion		or			(D)	
- 1						-				Date		Number			or	
-												of			Indirect	
-												Shares			(I)	
L															(Instr. 4)	
[	Incentive Stock	22.01	01/10/03		Α		4,986		07/10/03.(1)	01/10/2013	Common	4,986		4,986	D	
_  •	Option(right to					-					Stock					
ŀ	ouy)															
Ī	Non-Qualified	22.01	01/10/03		Α	Т	10,014		07/10/03.(1)	01/10/2013	Common	10,014		10,014	D	
	Stock Option										Stock					
	(right to buy)															

Explanation of Responses:

(1) 12.5% of the grant becomes exercisable on the date listed in the "Date Exercisable" column; the remaining 87.5% vests in 42 equal monthly installments thereafter.

By: /s/ Ethan Jacks

01/10/03

Date

\*\*Signature of Reporting Person

\*\*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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).