## Edgar Filing: Accenture plc - Form 4

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Accenture p Form 4	olc											
July 02, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									-	OMB APPROVAL		
	RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549				COMMISSION	OMB Number:	3235-0287					
Section 16.				CHANGES IN BENEFICIAL OWN SECURITIES					Expires:	January 31,		
								NERSHIP OF	Estimated a	2005 Iverage		
									burden hou	•		
Form 4 Form 5		Section 16(a) of the Securities Exchange Act of 1934,						response 0.				
obligati							•		_			
may con	ntinue. Section 1			nvestmen	•	-	•	f 1935 or Section	1			
<i>See</i> Inst 1(b).	ruction	50(II	) of the f	nvestmen	a compa	шу д	Ct 01 19-	+0				
1(0).												
(Print or Type	Responses)											
1. Name and	Address of Reportin	g Person <u>*</u>	2. Issu	er Name <b>an</b>	d Ticker o	or Trac	ling	5. Relationship of	Reporting Pers	son(s) to		
Shook Ellyn Symbo				ol				Issuer				
			Accent	ture plc [A	ACN]			(Chec)	k all applicable	•)		
(Last)	(First)	(Middle)	3. Date of	of Earliest 7	Fransactior	ı		(Check	k an applicable	·)		
			(Month/	Day/Year)				Director		Owner		
			06/30/2	06/30/2014				XOfficer (give titleOther (specify below)				
ACCENTU	JRE							· · · · · · · · · · · · · · · · · · ·	an Resources O	Officer		
Filed(			4. If Am	. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mo	Filed(Month/Day/Year)				Applicable Line)				
								_X_Form filed by One Reporting Person Form filed by More than One Reporting				
CHICAGC	), IL 60601							Person		Porting		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivativ	e Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of	Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership		
Security (Instr. 3)	(Month/Day/Year)	) Execution any	n Date, if					Securities Beneficially Owned				
(1130.3)		•	Day/Year)									
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	A	or	D	(Instr. 3 and 4)				
Class A				Code V	Amount	(D)	Price					
ordinary	06/30/2014			S	3,100	D	\$	57,343	D			
shares					-,-00		80.791					

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director 10% Owner		Officer	Other				
Shook Ellyn 161 N. CLARK STREET C/O ACCENTURE CHICAGO, IL 60601			Chief Human Resources Officer					
Signatures								
/s/ Victoria A. Stewart, Attorney-In-Fact for Ellyn Shook			07/02/2014					
**Signature of Reportin	g Person		Date					
Evolopation of Pa	onon	0001						

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.