Sullivan Caroline

December 03, 2018

Form 3

FORM 3 UNITED STATE			TES SECUR	ES SECURITIES AND EXCHANGE COMMISSIO			ON	N OMB APPROVAL		
	J		Washington, D.C. 20549				OMB Number:	3235-0104		
INITIAL STATEMEN				NT OF BENEFICIAL OWNERSHIP OF				Expires:	January 31	
		on 17(a) of	t to Section 1 the Public U 0(h) of the In	tility Holdi	Securities E	y Act of 193		4,	Estimated a burden hou response	irs per
(Print or Type Ro	esponses)									
Person *SÂ Sullivan Caroline(1)			Statement (Month/Day/Y	(Month/Day/Year)	<ul> <li>3. Issuer Name and Ticker or Trading Symbol</li> <li>MOODYS CORP /DE/ [MCO]</li> </ul>					
(Last)	(First)	(Middle)	12/03/2018			Relationship of Reporting erson(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
7 WORLD T CENTER, 2 STREET		ENWICH			(Check	all applicable	) Owner			
	(Street)				X Officer (give title below		r 6 ow) F	Filing(	vidual or Join Check Applica rm filed by On	ible Line)
NEW YORK	, NYÂ	10007					_		m filed by Mo	re than One
(City)	(State)	(Zip)		Table I - N	Non-Deriva	tive Securit	ies Bene	eficia	lly Owned	1
1.Title of Securi (Instr. 4)	ity			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Owners (Instr. 5	hip	ndirect Benef	ïcial
Common Sto	ock			0		D	Â			
Reminder: Repo owned directly c	or indirectly Perso infor requi	ons who res mation cont red to respo	ach class of secu spond to the cr ained in this fo ond unless the MB control nu	ollection of orm are not form displ	t s	SEC 1473 (7-02	2)			
T	able II - De	rivative Secu	urities Beneficia	lly Owned (e	.g., puts, calls	, warrants, op	tions, con	vertil	ole securities	5)

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Date Exercisable	Expiration	Title	Amount or Number of	Security	Direct (D) or Indirect	
Exercisable	Date		Shares		(I)	
			5 miles		(Instr. 5)	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Sullivan Caroline 7 WORLD TRADE CENTER 250 GREENWICH STREET NEW YORK, NY 10007	Â	Â	SVP-Corporate Controller	Â		
Signatures						
Elizabeth McCarroll by power of Sullivan.	12/03/2018					
**Signature of Report		Date				
<b>Explanation of Res</b>	ponse	s:				

\* 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).

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## **Remarks:**

#### Exhibit 24 - Power of Attorney

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.