FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB A | PPR | OVA |
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| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | or education de(ii) or the investment demparty rist or to re- | | | | | |
|---|-----------|-----------|--|---|--|-----------------------|--|--|
| 1 1. Name and Address of Reporting Lesson | | | 2. Issuer Name and Ticker or Trading Symbol INTUIT INC [INTU] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| DENNETT ST | EFFEN IVI | | | X | Director | 10% Owner | | |
| (Last) (First) (Middle) C/O INTUIT INC. | | (Middle) | | | Officer (give title below) | Other (specify below) | | |
| | | (Wildaic) | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2008 | | ŕ | , | | |
| 2700 COAST AV | ENUE | | | | | | | |
| (Street) MOUNTAIN VIEW | CA | 94043 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Form filed by One Repor Form filed by More than | ting Person | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (li | Transaction Code (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
|---------------------------------|--|---|----------|--------------------------------------|---------|--|---|---|---|------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (IIISU. 4) | |
| Common Stock | 06/05/2008 | | М | | 168,300 | A | \$17.9688 | 170,053 | D | | |
| Common Stock | 06/05/2008 | | S | | 28,548 | D | \$30.01 | 141,505 | D | | |
| Common Stock | 06/05/2008 | | S | | 1,500 | D | \$30.005 | 140,005 | D | | |
| Common Stock | 06/05/2008 | | S | | 138,252 | D | \$30 | 1,753 | D | | |

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

| 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. Transac Code (Ir 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|---|--|---------|--|--------------------|--|----------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Non-Qualified Stock Option (right to buy) | \$17.9688 | 06/05/2008 | | M | | | 168,300 | 04/28/2002 | 04/28/2010 | Common Stock | 168,300 | (1) | 31,700 | D | |

Explanation of Responses:

Remarks:

/s/ Tyler Cozzens, under a Confirming Statement

06/06/2008

** Signature of Reporting Person

Date

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

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.

^{1.} Reporting person was awarded the options in connection with his employment.

 $^{^{\}star}$ 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).