FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287
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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

1 1. Name and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol INTUIT INC [INTU]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Krisinia varun				X	Director Officer (give title	10% Owner Other (specify		
(Last)	(First)	(Middle)		, A	below)	below)		
C/O INTUIT INC.			3. Date of Earliest Transaction (Month/Day/Year) 08/12/2022		EVP, Consumer	Group		
2700 COAST AVENUE			00/12/2022					
(Street)								
MOUNTAIN		0.40.40	4. If Amendment, Date of Original Filed (Month/Day/Year)	l	dual or Joint/Group Filing (C			
VIEW	CA	94043		X	Form filed by One Reporting Form filed by More than C	•		
					Tom filed by More than e	The reporting reason		
(City)	(State)	(Zip)						

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

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date,	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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)		n Derivative		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)	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)		
Restricted Stock Unit (MSPP Purchased Award)	(1)	08/12/2022		A		106		(2)	08/12/2025 ⁽³⁾	Common Stock	106	\$486.66	106	D	
Restricted Stock Unit (MSPP Matching Award)	(1)	08/12/2022		A		106		08/12/2025 ⁽⁴⁾	(5)	Common Stock	106	\$0 ⁽⁶⁾	106	D	

Explanation of Responses:

- 1. 1-for-1
- 2. Restricted Stock Units (MSPP Purchased Award) are fully vested upon grant; however, settlement occurs upon the earlier of termination of employment or three years from grant date.
- 3. Represents settlement date for Restricted Stock Units (MSPP Purchased Award); these securities do not expire.
- 4. Represents vesting and settlement date for Restricted Stock Units (MSPP Matching Award).
- 5. Restricted Stock Units (MSPP Matching Award) do not expire; they either vest or are canceled prior to vesting date.
- 6. Reporting person was awarded the Restricted Stock Units (MSPP Matching Award) in connection with voluntary participation in a management stock purchase program (MSPP).

/s/ Erick Rivero, by power-of-attorney

** Signature of Reporting Person

08/15/2022

Date

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

- * 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).

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.