FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

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 Filed By Romeo and Dye's Section 16 Filer www.section16.net

1. Name and Address of Reporting Person*				suer	Name and Ticker or T	rading S	ymbol	6. Relationship of Reporting Person(s)				
	Intu	it Iı	nc. (INTU)			to Issuer (Check all applicable)						
Dubinsky Donna L.						<u>X</u> Director10% Owner						
(Last) (First) (Middle)			3. I.F	R.S.	Identification Number	4. S	atement for	Officer (give title below) Other (specify below)				
				epoi	rting Person,	Moi	th/Day/Year					
c/o Intuit Inc.	if an	ent	ity (voluntary)	01/1	7/03		_					
2535 Garcia Avenue												
(Str					Amendment,	7. Individual or Joint/Group Filing (Check Applicable Line)						
						Date	of Original	X Form filed by One Reporting Person				
Mountain View, CA 94043						(Mc	nth/Day/Year)	Form filed by More than One Reporting Person				
(City) (St	State)	(Zip)		Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security 2. Ti	Frans-	2A. Deemed	3. Trans-		4. Securities Acquired	(A) or E	isposed of (D)	5. Amount of	6. Owner-	7. Nature of Indirect		
(Instr. 3) actio	ion	Execution	action Co	ode	(Instr. 3, 4 & 5)			Securities	ship Form:	Beneficial Ownership		
Date		Date,	(Instr. 8)					Beneficially	Direct (D)	(Instr. 4)		
(Mon Vaar)	nth/ Day/	if any	Code	V	Amount	(A)	Price	Owned Follow-	or Indirect (I)			
Year)	´	(Month/Day/ Year)				or		ing Reported Transactions(s)	(Instr. 4)			
		icai)				(D)		(Instr. 3 & 4)				

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).

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

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

(c.g., puts, cuils, viirtuits, options, convertible securities)														
1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number of		6. Date		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature of
Derivative	sion or	action	Deemed	Trans-	Derivative		Exercisable		of Underlying		Derivative	Derivative	Owner-	Indirect
Security	Exercise	Date	Execution	action	Securities		and Expiration		Securities		Security	Securities	ship	Beneficial
	Price of		Date,	Code	Acquired (A) or		Date		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative	(Month/	if any		Disposed of (D) (Month/Day/					Owned	of Deriv-	(Instr. 4)		
	Security	Day/ Year)	(Month/	(Instr.			Year)					Following	ative	
		ĺ ĺ	Day/ Year)	8)	(Instr. 3, 4 & 5)							Reported	Security:	
				Code	7 (A)	(D)	Data	E	T:41-	A	-	Transaction(s)	Direct	
				Code	(A)	(D)		Expira-	Title	Amount		(Instr. 4)	(D)	
							Exer-	tion		OF Number			or	
							cisable	Date		Number			Indirect	
										01 Shorea			(I)	
										Shares			(Instr. 4)	
Non-Employee	\$48.29	01/17/03		A	5,000		(1)	01/17/13	Common	5,000		5,000	D	
Director Stock									Stock					
Option (right														
to buy)														

Explanation of Responses:

(1) Option vests 8.333% each month following the date of grant until fully vested on the first anniversary of the date of grant.

By: /s/ Janelle M. Wolf under a Confirming Statement **Signature of Reporting Person <u>01/17/03</u> Date

**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.