

Westlake Lisa  
 Form 3  
 December 03, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Westlake Lisa</p> <p>(Last) (First) (Middle)</p> <p>7 WORLD TRADE CENTER, 250 GREENWICH STREET</p> <p>(Street)</p> <p>NEW YORK, NY 10007</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/24/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>MOODYS CORP /DE/ [MCO]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  Chief Human Resources Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	--	--	---	--

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,627	D	^
Common Stock	738 <sup>(1)</sup>	I	401-K

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
---	---	--	---------------------------	----------------------	--

Edgar Filing: Westlake Lisa - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Employee Stock Options (right to buy)	10/01/2005 <sup>(2)</sup>	10/01/2014	Common Stock	4,500	\$ 37.125	D	Â
Employee Stock Options (right to buy)	02/22/2006 <sup>(2)</sup>	02/22/2015	Common Stock	9,380	\$ 41.6875	D	Â
Employee Stock Options (right to buy)	02/08/2007 <sup>(2)</sup>	02/08/2016	Common Stock	8,000	\$ 63.09	D	Â
Employee Stock Options (right to buy)	02/12/2008 <sup>(2)</sup>	02/12/2017	Common Stock	8,000	\$ 72.715	D	Â
Employee Stock Options (right to buy)	02/12/2009 <sup>(2)</sup>	02/12/2018	Common Stock	8,250	\$ 38.07	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Westlake Lisa 7 WORLD TRADE CENTER 250 GREENWICH STREET NEW YORK, NY 10007	Â	Â	Â Chief Human Resources Officer	Â

## Signatures

Elizabeth McCarroll, by power of attorney for Lisa Westlake 12/03/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) As of last statement dated September 30, 2008.
- (2) One fourth of the options vest each year beginning with the date indicated.

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.