FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	DVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

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

Name and Address of Reporting Person*     Griffin William							2. Issuer Name and Ticker or Trading Symbol ASPEN TECHNOLOGY INC /DE/ [ AZPN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
					.   1	1										(give title		Other (	specify	
(Last) 20 CROS	t) (First) (Middle) CROSBY DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016										below) below) EVP, Field Operations				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicab Line)					
BEDFORD MA 01730														)	C Form t	, ,				
(City) (State) (Zip)															Form filed by More than One Reporting Person				orting	
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies Ac	quired	Dis	posed c	of, or B	enefi	ciall	y Owned	L				
				2. Transaction Date (Month/Day/Year)		ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securition Benefici Owned I		es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) (D)	or Pi	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
Common	Stock	12/30	12/30/2016				M		2,258	3 A	\$	31.26	5 54	,569		D				
Common Stock					2/30/2016				S <sup>(1)</sup>		2,258	3 E		\$55	52	,311	311 Г			
Common	12/30	0/2016				F		1,693	<sup>2)</sup> [	\$	54.75	5 50	0,618		D					
Common Stock				01/03	03/2017				S <sup>(1)</sup>		1,111	. Г	\$	54.68	3 49	9,507		D		
		Т	able II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amo or Nun of Sha							
Employee Stock Option (Right to	\$31.26	12/30/2016			M			2,258	(3)	0	2/07/2026	Common Stock	2,2	:58	\$0	27,088	В	D		

## **Explanation of Responses:**

Buy)

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan completed and executed by the reporting person on September 1, 2016.
- 2. Shares withheld by Registrant to satisfy statutory tax withholding requirements on vesting of restricted stock units and distribution of stock.
- 3. The option granted at an exercise price of \$31.26 vests in 16 equal consecutive quarterly installments on the last business day of the quarter, beginning on March 31, 2016.

/s/ Frederic G. Hammond, attorney-in-fact for Mr. Griffin

01/04/2017

\*\* Signature of Reporting Person

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.