FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 1 | | | | | | | | | heck all | | • | ng Pe | erson(s) to I | | |
|---|--|------------|----------------|----------|--|--|---------------------|--|---|--------------|---|---------------------|----------------|---|-----------------------------------|---|--|--|--|---|--|
| (Last) | (Fi SBY DRIV | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2016 | | | | | | | | | | Officer (give title below) EVP, Field | | l Op | below) | (specify | |
| (Street) BEDFOR | | | 01730 (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | fual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | tion | 2A. Exec if ar | Deemed cution Date, | | 3. 4. Secu Transaction Dispos Code (Instr. and 5) | | | curities Acquired (| | | (A) or 3, 4 Secur Bene Owne | | ount of ties cially | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amour | nt (A) or Pr | | Price | Re Tra | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | | |
| Common Stock | | | | | 0/2016 | | | | М | | 6,77 | 72 | A | \$31 | .26 5 | | 59,083 | | D | | |
| Common Stock 12/20/2 | | | | | | 016 | | | S ⁽¹⁾ | 6,7 | | 72 D | | \$5 | 5 | 52,311 | | | 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 | | if any | on Date, | 4. Transactior Code (Instr 8) | | on Number E | | 6. Date Exe Expiration (Month/Day | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivati Security (Instr. 5 | , | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | v | (A) | (D) | Date Exercisable | | piration te | Title | or Nu of | umber | | | | | | | |
| Employee Stock Option (Right to Buy) | \$31.26 | 12/20/2016 | | | M | | | 6,772 | (2) | 02/ | /07/2026 | Comm Stock | | 5,772 | \$0 | | 29,346 | | D | | |

Explanation of Responses:

- 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. 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 12/22/2016

** 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.