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

wasnington,	D.C.	20549	

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	Estimated av

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response:	0.5							

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1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol ASPEN TECHNOLOGY INC /DE/ [AZPN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Hammond F G						ASPEN TECHNOLOGI INC/DE/ [AZPN								Ι,		Direc	ctor		10% C)wner	
, , ,					- []									X	Office	er (give title w)		Other below)	(specify		
(Last)	(Fi	rst) (Middle)		3 [ate o	of Farlies	st Trans	saction (M	onth/l	Dav/Year)					Sen	ior VP & 0	Gene	ral Couns	el	
C/O ASF	EN TECHI	NOLOGY, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2017									oc.	ioi vi a	o cinc	rui Couns	,cı		
20 CROS	BY DRIVI	₹.																			
Locator	DI DIGIT				4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
, a					- "	4. II Amendinent, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															X	Form	n filed by On	e Rep	orting Pers	on	
BEDFO	RD M	Α (01730													Form	n filed by Mo	re tha	n One Ren	orting	
					-											Pers			Опо гор	orung	
(City)	(St	ate) (Zip)																		
		Tab	e I - Nor	n-Deriv	/ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally (Owne	ed				
1 Title of (Consults / Inne	a)		2. Tran	castion		2A. Deer	nod	3.		4 Soouri	tion A	aguirad	(A) a	. 1	E Ame	ount of	6.0	wnership	7. Nature	
1. Title of s	Security (Inst	r. 3)		Date	Saction			xecution Date,		Transaction Disposed Of (D) (Inst					ınd	5. Amount of Securities		Form: Direct	of Indirect		
(Month/I								if any (Month/Day/Year)		Code (Instr. 5)							(D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
						۱,		(Month Day Tear)							-	Reported		""	11301. 4)	(Instr. 4)	
										۱v	Amount		(A) or (D)	Price	e	Transaction(s) (Instr. 3 and 4)					
Common	Stock			11/0	1/01/2017				S		1,578	3	D	\$6	65	26,108			D		
		_						_						<u> </u>				<u> </u>			
		Та	able II - [)								sed of, onvertib					vned					
			`				.		•						_						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4. Transaction				6. Date Exercisable and Expiration Date 7. Title and Amount of				8. Pri Deriv	ce of ative	9. Number of derivative		10. Ownership	11. Nature of Indirect			
Security	or Exercise	or Exercise (Month/Day/Year) if any Code (Instr. Derivative (Month/Day/Year) Securitie							Secu		Securities	F	Form:	Beneficial							
(Instr. 3)	Price of Derivative		(Month/Da	iy/Year)	8)			Securities Underlying Derivative					(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security					(A) or Security (Instr				str. 3			Following		(I) (Instr. 4)	, ,					
						Disposed and 4)							Reported Transaction	ı(s)							
						(Instr. 3, 4								(Instr. 4)	`						
						and 5)					+			ļ							
														ount							
												or Nur	nber								
					Code	l,	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	res							

Explanation of Responses:

/s/ F. G. Hammond

11/03/2017

** 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.