FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated avera	ge burden								

0.5

hours per response:

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

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

							( )				1 7										
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol ASPEN TECHNOLOGY INC /DE/ [ AZPN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Johnsen Karl E</u>						ASTEN TECHNOLOGI INC/DE/ [ AZPN										Direc			10% O	wner	
(Loot)	(Fi	rot) (	Middle)		- []										X	Office	er (give title v)		Other ( below)	(specify	
(Last)	,	3. D	3. Date of Earliest Transaction (Month/Day/Year)										Seni	ior Vice President and CFO			7O				
C/O ASP	EN TECHI	NOLOGY, INC.				06/30/2017															
20 CROSBY DRIVE																					
20 Citos	DI DIGITI	_			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
					-   4. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															X	Form	n filed by One	Reporting	n Pers	on	
BEDFOR	RD M.	Α (	1730												, , ,						
					.											Pers	n filed by Mor	re tnan On	е кер	orting	
(City)	(C)	oto) /	Zim)													1 010	OII				
(City)	(51	ate) (	Zip)																		
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally C	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Owners		7. Nature	
				Date (Month/	Day/Voa		Execution	n Date,		Transaction		Disposed Of (D) (Instr. 3,		. 3, 4 a			ties cially		Form: Direct (D) or Indirect	of Indirect Beneficial	
				(WOILLIA	Dayriea	y/Year) if any (Month/Day/Year)				Code (Instr.   5) 8)							d Following		(I) (Instr. 4)	Ownership	
						( , , , , , , , , , , , , , , , , , , ,			<del>'</del>			(4) ar			Repor			```		(Instr. 4)	
							Code	v	Amount		(A) or (D) Prid			Transaction(s) (Instr. 3 and 4)							
									F	-	0=0(1)								_		
Common Stock 06/30/3					)/2017	/2017				1	950(1)	)   D   \$5		\$54	30,49		0,499	D			
		<b>T</b> -	1-1-11 7		·			•			6					1			-		
		Ia									osed of, onvertib					nea					
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5 Nu	mber	6 Date F	verci	sable and	7 т	itle and		8. Pri	ce of	9. Number o	f 10.		11. Nature	
Derivative	Conversion or Exercise	Date (Month/Day/Year)	Execution		Transa		of E Derivative (		Expiration	Expiration Date		Am	Amount of		Derivative		derivative	Owne	rship	of Indirect	
Security			if any	///	Code (	Instr.			(Month/D	Day/Ye	ear)		Securities Underlying		Security		Securities	Form:		Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Yes					8)			Securities Acquired					uenying rivative		(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
							(A) or			Securi				curity (Instr. 3			Following		(I) (Instr. 4)	,	
							Disposed of (D)						14)				Reported Transaction	(e)			
						(Instr								(Instr. 4)			(3)				
						and 5)									. ,						
										Am	Amount										
								ıl		- 1			or								
							I,	Date		Expiration		Nui	mber								
					Code	v	(A)	(D)	Exercisa		Date	Title		ares							

## **Explanation of Responses:**

1. Shares withheld by Registrant to satisfy minimum statutory tax withholding requirements on vesting of restricted stock units and distribution of stock.

/s/ F. G. Hammond, attorneyin-fact for Mr. Johnsen 07/05/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.