FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB Number: INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES**

OMB APPROVAL 3235-0104 hours per response: 0.5

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. Name and A	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 05/17/2022  3. Issuer Name and Ticker or Trading Symbol  Aspen Technology, Inc. [ AZPN ]									
(Last) C/O ASPEN 20 CROSBY (Street) BEDFORD (City)	Y DRIVE	(Middle) LOGY, INC. 01730 (Zip)	-		Issue	ck all applicable)	10% C	wner (specify	File 6. Iı	ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ount of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						575	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			<b>Expiration Da</b>	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		4. Conver or Exer	rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiratior Date	ı Title	9	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

Remarks:

/s/ F.G. Hammond, attorney-in-fact

05/17/2022

\*\* 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 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).

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.