SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

OMB Number:

3235-0104

Estimated average burden 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 Address of Reporting Person <sup>*</sup> Mouritsen Mark Edgar		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/06/2023 3. Issuer Name <b>and</b> Ticker or Trading Symbol Aspen Technology, Inc. [ AZPN ]					
(Last) (First) C/O ASPEN TECHNOL 20 CROSBY DRIVE (Street) BEDFORD MA (City) (State)	(Middle) LOGY, INC. 01730 (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Senior VP & Gene	10% C Other below)	wner (specify	A Person	Year) int/Group Filing ∋ Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			E	2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No Securities Beneficially Owned				0	D			
Table II - Derivative Securities Beneficially Owned     (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)   Date Expiration Date Expiration Date   Date Expiration Date   Date Expiration Date   Date Expiration Date   Date Expiration Date		ate	3. Title and Amount of Securi Underlying Derivative Securit (Instr. 4)		4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Expiration Date		Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

## /s/ Mark E. Mouritsen

02/08/2023 Date

\*\* Signature of Reporting Person

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 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.