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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| ı | hours per response: | 0.5 | | | | | | | |

| | | | | | or | Sectio | n 30(h) | of the | Ínvestm | ent Co | ompany Act | of 1940 | | | | | | | |
|--|---|--|------------------------|----------|---|--|---|---|--|-----------------------|--------------------|---|---|---|---|---|---|---|---------------------------------------|
| 1. Name and Address of Reporting Person* ADVENT PARTNERS DMC III LIMITED PARTNERSHIP | | | | | | 2. Issuer Name and Ticker or Trading Symbol ASPEN TECHNOLOGY INC /DE/ [AZPN] | | | | | | | | 5. Relationship of Reporting (Check all applicable) Director Officer (give title below) | | | g Pers | 10% C | owner (specify |
| (Last) (First) (Middle) C/O ADVENT INTERNATIONAL CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/22/2007 | | | | | | | | | 1 | Member of | group | p > 10% | |
| 75 STATE STREET, 29TH FLOOR | | | | | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BOSTON MA 02109 | | | | - | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | rate) (| Zip) | | - | | | | | | | | | | Pers | son | | | |
| | | Tabl | e I - N | on-Deriv | /ative | Sec | uritie | es Ac | quired | l, Di | sposed o | f, or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Exe | | A. Deemed xecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Secu Bene | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o | Pric | е | Trans | action(s) 3 and 4) | | | (111511.4) |
| Common Stock 03 | | | | 03/22/ | /22/2007 | | | | S | | 297 | D | \$12 | \$12.7856 | | 115,540 | | D | |
| Common Stock 03/2 | | | | | /2007 | | | | S | | 456 | D | \$12 | \$12.9958 | | 115,084 | | D | |
| Common Stock 03/26/2 | | | | | 2007 | 2007 | | | S | | 519 | D | \$12 | \$12.9622 | | 114,565 | | D | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. | Dei Sec (Ins | 8. Price of Derivative Security (Instr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Jarlyth H. Gibson, Assistant **Compliance Officer**

03/26/2007

** 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.