Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vasiliigtoii,	D.C.	20040	

t	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Whelan, Jr. Robert M.					2. Issuer Name and Ticker or Trading Symbol Aspen Technology, Inc. [AZPN]										ck all app	,	ng Pe	rson(s) to Is	
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023									Office	er (give title v)		Other (sbelow)	specify	
C/O ASPEN TECHNOLOGY, INC. 20 CROSBY DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year) 09/06/2023						Line)	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person							
(Street) BEDFORD MA 01730						Form filed by More than One Reporting Person											orting		
(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In										to a con Instructi	tract, instri on 10.	uction or writt	ten pla	ın that is inte	nded to				
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or E	Bene	ficial	ly Own	ed			
Date			2. Transa Date (Month/Da	Day/Year) Exe		A. Deemed Recution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8)				s Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(111341. 4)
Common Stock ⁽¹⁾ 09/01						2023			A		1,252	A	A	\$0 ⁽²⁾	7	7,092		D	
Common Stock ⁽³⁾ 09/01				09/01/	1/2023				A 1,252		1,252	A	A	\$0 ⁽²⁾	8	3,344		D	
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)	Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou		str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of Aspen Technology, Inc. common stock. The Restricted Stock Units were fully vested on the date of grant.
- 2. The Restricted Stock Units were received as a grant for no consideration.
- 3. Each Restricted Stock Unit represents a contingent right to receive one share of Aspen Technology, Inc. common stock. The Restricted Stock Units will fully vest on the last day of the fiscal year in which they were granted. The original Form 4 filling for this transaction incorrectly stated that the Restricted Stock Units would vest on the first anniversary of the date of grant.

/s/Mark Mouritsen, attorneyin-fact for Mr. Whelan

10/03/2023

** 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.