## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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*  Kaplan Andrew E  (Last) (First) (Middle)  276 FIFTH AVENUE, SUITE 306			Symbol ASPEN GROUP, INC. [ASPU]  3. Date of Earliest Transaction (Month/Day/Year)  06/18/2019					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director					
								-						
NEW YORK, NY 10001			4. If Amendment, Date Original Filed(Month/Day/Year)						Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					Acquir	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		D	2. Transaction Date [Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year	(Instr. 8		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Beneficia Reported		ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(World Day) Tear	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	
Common	Stock	0	6/18/2019		A		5,131	A	(1)	44,352			D	
Reminder:						Perso	ained in	this forr	n are	not requ		spond unle	ss	1474 (9-02)
Reminder:			Table II - I	Derivative Securit	ies Acqui	Perso conta the fo	ained ir orm dis sposed o	this forr plays a c of, or Bene	n are urren ficiall	not requ tly valid	uired to res		ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Yea	Table II - I	Derivative Securites, puts, calls, was te, if Transaction Code (Instr. 8)	ies Acquinarrants, o	Persoconta the formation of the following th	ained ir orm dis sposed o	n this form plays a coof, or Bene ible securions cisable on Date	ficially ities) 7. Tit Amou Unde Secur	not requitly valid  y Owned  tle and unt of erlying	ired to res	spond unle trol numbe	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nation of Indirection Benefic Owners (Instr. 4

D ( O N (	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Kaplan Andrew E 276 FIFTH AVENUE SUITE 306 NEW YORK, NY 10001	X				

## **Signatures**

/s/ Andrew Kaplan	06/19/2019	
**Signature of Reporting Person	Date	

### **Explanation of Responses:**

- \* 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).
- (1) Not applicable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.