FORM 4

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

| OMB APPROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Stimated average burden | | | | | | |
| ours per respon | se 0.5 | | | | | |

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

| rimit of Ty | pe Response | (8) | | | | | | | | | | | | | | |
|---|-------------|--------------------------------|------------------------|--|---|---|--------|---|---------------|---|--|--|--------------------------------------|---|--|-------------------------|
| Name and Address of Reporting Person * Malysheva Oksana Mindyuk | | | | | 2. Issuer Name and Ticker or Trading Symbol ASPEN GROUP, INC. [ASPU] | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Middle) (August) (Middle) (Middle) (276 FIFTH AVENUE, SUITE 306 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/19/2018 | | | | | | | | (give title belo | | Other (specify l | pelow) |
| (Street) NEW YORK, NY 10001 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. 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 Acqui | | | | | | cquir | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | Year) Execu | eemed ition Date, i | f Code (Instr. 8) | | 4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5 | | sed of (D) Ben d 5) Rep | | Beneficia Reported | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Ownership Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Mont | th/Day/Year | Code | V | Amou | | (A) or (D) | Price | (I) | | or Indirect | Ownership (Instr. 4) | |
| Common | Stock | | 07/19/2018 | | | D | | 1,000,0 | 000 D |) | \$ 7.4 | 203,209 | | | I | By LLC |
| Reminder: I | Report on a | separate line | for each class | of securities | beneficially | y owned di | Per | sons wh | n this | forr | n are | not req | uired to re | formation | ess | EC 1474 (9- 02) |
| | | | Tabl | le II - Deriva (e.g., p | ntive Securi | | red, I | Disposed | of, or | Bene | ficiall | • | | itrol numb | er. | |
| | Conversion | 3. Transaction Date (Month/Day | Execu (Year) any | eemed tion Date, if th/Day/Year) | Code | n of | and (M | r 6. Date Exercisable and Expiration Date (Month/Day/Year) (Ir 6. Date Exercisable and Expiration Date of Company (Month/Day/Year) Ut See (Ir 4) | | Pate Ame (Institute of American America | | unt of erlying rities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | Code V | (A) (I | | ite ercisable | Expir Date | ation | Title | Amount or Number of Shares | | | | |

Reporting Owners

| D | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Malysheva Oksana Mindyuk 276 FIFTH AVENUE SUITE 306 NEW YORK, NY 10001 | X | | | | | | |

Signatures

| /s/ Oksana Malysheva | 07/23/2018 |
|---------------------------------|------------|
| **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) The securities are beneficially owned by a limited liability company of which the reporting person is the sole member and manager.

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.

