

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL

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(Print or Type Responses) 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person \* 2. Issuer Name Ticker or Trading Symbol (Check all applicable) MacLean Malcolm F IV ASPEN GROUP, INC. [ASPU] (Last) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) (First) Other (specify below) 276 FIFTH AVENUE, SUITE 306 12/26/2018 Ņ″ĐĒn%qOg&Njùñ sM