FORM 4

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)
_____10% Owner Sevely Joseph L. ASPEN GROUP, INC. [ASPU] _X_ Officer (give title below) Other (s

