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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) Kaplan Andrew E ASPEN GROUP, INC. [ASPU] (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (First) Officer (give title below) Other (specify below 276 FIFTH AVENUE, SUITE 306 4. If Amendment, Date Original Filed(Month/Day/Year) 6Phildienth Dr Joint/Oroup Filing(Check Applicable Line) _X_ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person NEW YORK, NY 10001 (State) (City) (Zip) 1.Title of Security 2. Transaction 2A. Deemed 3. Transaction 4. Securities Acquired 2 mN a m ri n(SinteHead Spi) Date Execution Date, if Code (A) or Disposed of (Month/Day/Year (Instr. 8) (D) (Month/Day/Year) Instr. . i .and A