Edgar Filing: Malysheva Oksana Mindyuk - Form 4

| Malysheva O Form 4 | Oksana Mindyuk | | | | | | | | | | | |
|---|---|--|-----------------------------|---|------------------------|------------------|-----------|--|--|---|--|--|
| July 23, 201 | 8 | | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | PROVAL | | |
| | UNITED | STATES SI | | | ND EXCH , D.C. 2054 | | E CO | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no long | ger | IENT OF C | | CES IN | PENEFIC | TAT (| TWN | FDSHID OF | Expires: | January 31, 2005 | | |
| Section 16. | | | | NGES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | Estimated average burden hours per | | | |
| Form 4 c Form 5 | | sugnt to Sec | tion 1 | 6(a) of th | a Sacuritia | Evel | anga | Act of 1934, | response | 0.5 | | |
| obligatio may com <i>See</i> Instr 1(b). | tinue. Section 17 | (a) of the Pub | blic Ut | ility Hole | | any A | ct of 1 | 1935 or Section | I | | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| Malysheva Oksana Mindyuk Sym | | | ymbol | Issuer Name and Ticker or Trading nbol SPEN GROUP, INC. [ASPU] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (A | Middle) 3. | Date of | Earliest Tr | ransaction | | | (Check | all applicable |) | | |
| 276 FIFTH | AVENUE, SUIT | | /Ionth/D 7/19/2(| ay/Year) 018 | | | _ | _X_ Director Officer (give t pelow) | | Owner er (specify | | |
| | | | If Amendment, Date Original | | | | e | 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) | Tabl | e I - Non-F |)erivative Sec | urities | | ired, Disposed of, | or Beneficial | lv Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | ate, if | 3. | | Acquir of (D) | _ | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 07/19/2018 | | | D | 1,000,000 | D | \$ 7.4 | 203,209 | Ι | By LLC (1) | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Code | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | S | Date | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------|--|---------------------|--------------------|------------------------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Add | ress | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Malysheva Oksana Mindyo 276 FIFTH AVENUE SUITE 306 NEW YORK, NY 10001 | ık X | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Oksana Malysheva | 07/23/2018 | | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | | |

Reporting Person

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.