

Ostermann Robert  
Form 4/A  
August 25, 2017

**FORM 4**

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

OMB APPROVAL

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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Ostermann Robert

2. Issuer Name and Ticker or Trading Symbol  
ARI NETWORK SERVICES INC /WI [ARIS]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
10850 WEST PARK PLACE, SUITE 1200  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
06/21/2017

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
Chief Technology Officer

MILWAUKEE, WI 53224

4. If Amendment, Date Original Filed(Month/Day/Year)  
07/12/2017

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock	06/21/2017		M	33,000	A \$ 0	59,067	D
Common Stock	07/10/2017		F	12,321 (1)	D \$ 6.99	46,746	D

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

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(9-02)

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**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock <sup>(2)</sup>	<sup>(3)</sup>	06/21/2017		M	33,000	<sup>(3)</sup> 03/05/2019		Common Stock	33,000

### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ostermann Robert 10850 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224			Chief Technology Officer	

### Signatures

Mary L. Pierson (pursuant to Power of Attorney previously filed) 08/25/2017

\*\*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) Amended to properly reflect the number and price of shares withheld in respect of tax withholding, and the resulting number of shares beneficially owned by the reporting person.
- (2) Shares of restricted stock, which vest as described in footnote (3), were initially reported on Table I of reporting person's Form 3 on November 3, 2016.
- (3) 22,000 shares of restricted stock vest at a target 30-day volume-weighted average price per shares ("VWAP") of ARI Network Services, Inc.'s common stock of \$7.00; 22,000 shares of restricted stock vest at a target VWAP of \$8.00; and 33,000 shares of restricted stock vest at a target VWAP of \$9.00.

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.