FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
	Estimated average burd	len					
l	hours per response:	0.5					

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  WALLMAN RICHARD F  (Last) (First) (Middle)						Susuer Name and Ticker or Trading Symbol ROPER TECHNOLOGIES INC [ ROP ]      Date of Earliest Transaction (Month/Day/Year) 03/15/2019								5. Relationsh (Check all ap X Dire Office belo		olicable) etor er (give title	1	, 0% O	wner (specify
C/O ROPER TECHNOLOGIES, INC. 6901 PROFESSIONAL PARKWAY EAST, SUITE 200  (Street) SARASOTA FL 34240  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	,				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N						n 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie: Disposed O			Acquire	d (A) or	5. Amour Securitie Beneficia		ount of ities icially d Following ted action(s)	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock 03/15/20 Common Stock						19		P		500	A	\$326.	9659	`	53,465			By Spouse	
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. txive Conversion Date Exemity or Exercise (Month/Day/Year) if ar		3A. De Execut if any	(e.g., puts, c. emed ion Date, //Day/Year)  4. Transac Code (I 8)		5. Number of			Date Expiration Date Expiration Date Expiration Date Expiration Date (Month/Day/Year)							9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

/s/ John K. Stipancich, Attorney-in-Fact for Richard 03/15/2019 Wallman

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.