FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vuoi iii igioi i, | D.O. | 200-0 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average bure | den | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Instruction 1(b)

| Form 3 | Holdings Repo | | | | | | | | | | l nou | irs per i | response: | 1.0 | | | |
|---|---|--|---|--|---|--|-------|---|----------------------------|---|---|--|---------------------------------------|---|---|---------------------------------------|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Exchar ompany Act | | | | | | | | |
| 1. Name and Address of Reporting Person* WRIGHT CHRISTOPHER | | | | 2. Issuer Name and Ticker or Trading Symbol ROPER TECHNOLOGIES INC [ROP] | | | | | | Check all appoints X Direct | olicable) ctor | or | | son(s) to Issuer 10% Owner Other (specify | | | |
| (Last) C/O ROP 6901 PRO | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017 | | | | | | Year) | | Officer (give title below) | | below) | | | | | | |
| 200 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SARASOTA FL 34240 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | |
| | | Table | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | ed, Di | sposed o | of, or | Beneficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | | Transaction Of (D) (Instr. 3, 4 and Code (Instr. | | | | 5. Amount of Securities Beneficially Owned at end of | | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | (WOTHINDAY) | wonth/Day/Year) | | | Amoui | nt | (A) or (D) | Price | Issuer's | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | |
| Common Stock 12/15/201 | | | 12/15/2017 | G | | j | 4 | 150 | D | \$0.00 | 63,750 | | D | | | | |
| Common Stock 12/26/2017 | | | | | G | | 3 | 2 | 200 | D | \$0.00 | 63 | 63,550 | | D | | |
| | | Та | ble II - Derivat (e.g., pı | ive Securi uts, calls, | | | | | | | | | | | | | |
| 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) | of Deriv Secu Acqu (A) o Dispo | ivative urities uired or poosed D) tr. 3, 4 5) | | Date Exercisable and piration Date onth/Day/Year) te Expiration ercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) Securiti Benefici Owned Followin Reporte Transaci (Instr. 4) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ John K. Stipancich, Attorney-in-Fact for Christopher Wright

01/03/2018

** Signature of Reporting Person Date

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

- * 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.