FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average to | ourden | | | | | | | | |

0.5

hours per response:

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* WRIGHT CHRISTOPHER | | | | 2. Issuer Name and Ticker or Trading Symbol ROPER TECHNOLOGIES INC [ROP] | | | | | | | | | | 5. Relationship of Reporting Person(s) to I (Check all applicable) | | | | | | | |
|---|--|--|--|---|---|--|--------|-------|---|---------|-----------------|--|--|---|---|----------------------------|--|--|--|---|--|
| WHIGHT CHILD OF THE | | | | | | | | | | | | | | | | X | Direc | tor | | 10% O | - |
| (Last) (First) (Middle) C/O ROPER TECHNOLOGIES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018 | | | | | | | | | | | | | Officer (give title elow) | | Other (specify below) | |
| 6901 PROFESSIONAL PARKWAY EAST, SUITE | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X | Form | filed by One | e Rep | orting Pers | on |
| SARASOTA FL 34240 | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non- | -Deriva | ative | Sec | uritie | s Ac | qui | ired, D | isp | osed o | f, or | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ur) E | A. Deemed xecution Date, any Month/Day/Year | | , T | Transaction Dispo | | Disposed | rities Acquired (A ed Of (D) (Instr. 3, | | | nd | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | G | Code V | | Amount | | (A) or (D) | Price | . 1 | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | | | |
| Common Stock 12/10/ | | | | | /2018 | | | | G , | V | 250 | | D \$0 | | 00 | 0 61,832 | | | D | | |
| | 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 D if any (Month/Day/ | Date, | Code (Instr. | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | | | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Owners Form: Direct (I or Indir (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Cod | | | | Code | v | (A) | (D) | Date Expiration c | | or Nur of | ount nber ires | 1 | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ John K. Stipancich,

Attorney-in-Fact for

12/13/2018

Christopher Wright

** 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.