FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | PROVAL | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| Name and Address of Reporting Person* Stipancich John K | | | | 2. Issuer Name and Ticker or Trading Symbol ROPER TECHNOLOGIES INC [ROP] | | | | | | | (Ched | ck all app Direct | , | ng Pers | on(s) to Is 10% Ov Other (s | vner | | | |
|---|--|---------|---|--|---|------|--|-------|--|------|--------------------|---|--|----------------------------|---|---|--------|---|------------|
| (Last) (First) (Middle) C/O ROPER TECHNOLOGIES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2021 | | | | | | | | X | below | | GC & | below) | ` | |
| 6901 PROFESSIONAL PARKWAY EAST,SUITE 200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SARASO | OTA FL | . 3 | 4240 | | | | | | | | | | | X | | filed by One filed by Mo | | J | - 1 |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | S Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Reporte | ies cially Following | Form: | Direct Indirect Itr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Pri | | Transaction(s) (Instr. 3 and 4) | | | | (IIISU: 4) |
| Common Stock 11/15/ | | | 11/15/2 | 2021 | | G | V | 100 | Г |) : | \$0.00 | 00 31,436 | |] | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y O F D oi (i) | D. wnership orm: irect (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | | Date Exercis | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

Remarks:

/s/ John K. Stipancich

11/15/2021

** 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.