FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APP	OMB APPROVAL					
	OMB Number: 3235-0104 Estimated average burden						
	hours per response:	0.5					

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

Aquilina Antonio J.			Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol PROGRESS SOFTWARE CORP /MA [ PRGS ]							
(Last) (First) (Middle)  14 OAK PARK DRIVE		1,00,1011		Relationship of Reporting Person(s) (Check all applicable)  Director  10		on(s) to Issue	(M	5. If Amendment, Date of Original Filed (Month/Day/Year)				
					X	Officer (give title below)	Other (spe below)	Ap	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) BEDFORD	MA	01730	_			SVP, Strategy & Co	orp. Dev.		X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
, ,			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security			4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

Antonio Aquilina 02/01/2012

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).