FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PROGRESS SOFTWARE CORP /MA | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|---|---------|--|---|--|-------|------------------------------------|--------------------------|--------------------|---|-----------------|---------|----------------------------|---|---|---|--|--|--|--|
| ALSOP JOSEPH WRIGHT | | | | | | PRGS] | | | | | | | | | X | Director | | | 10% C | wner | | |
| (Last) (First) (Middle) | | | | | | - | | | | | | | | | X | | Officer (give title below) | | Other (specify below) | | | |
| 14 OAK PARK | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2004 | | | | | | | | | | CEO and Director | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indiv | vidual or Joint/Group Filing (Check Applicable | | | | | | |
| BEDFORD MA 01730 | | | | | | | | | | | | | | | Form | Form filed by One Reporting Person | | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | | |
| Date | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Repor Transa (Instr. | ted action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 11/09/2 | | | | | | 2004 | | S | | 10,000 |) | D | \$2 | 1.5 7 | | 31,291 | D | | | | | |
| Common Stock 11/09 | | | | | 0/2004 | | | | S | | 40,000 |) | D | \$21.56 | | 691,291 | | D | | | | |
| Common Stock 11/10 | | | | |)/2004 | | | | S | | 4,700 | | D | \$21.9 | | 686,591 | | D | | | | |
| Common Stock 11/11/2 | | | | | 2004 | | | | | | 30,000 |) | D | \$21 | 1.53 6 | | 56,591 | 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. Deem Execution if any (Month/D | n Date, | I. Fransaction Code (Instr. 3) | | n of l | | 6. Date E Expiratio (Month/E | n Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Own Forn Direc or In (I) (Ir | ership n: et (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | | | | |

Explanation of Responses:

Remarks:

Joseph W. Alsop

11/11/2004

Date

** Signature of Reporting Person

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.