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 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)					
GOODSON JOHN PAGE					- 1									Director		10% Owner		vner
(1 aat)	/5	inst	(Middle)		- [Pr	PRGS ]								Officer below)	(give title		Other (s below)	specify
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							VP &	General	Mgr.	DataDire	ct	
C/O PROGRESS SOFTWARE CORPORATION					10	10/01/2009										Ü		
14 OAK PARK DRIVE					A 16 Assessment Parts of Original Filed (Month P. 27							0.1	C. Individual or InitiOvaria Filter (Objects Applies V					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
BEDFOI	RD M	I <b>A</b>	01730										<b>)</b>	Form fi	led by One	Repo	rting Perso	n
	.CD IVI		01750		_									Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)											1 010011				
		Tal	ole I - No	n-Der	ivativ	e Se	curitie	s Ac	quired	Dis	sposed o	f, or Ber	neficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transact			saction							s Acquired (A) or			5. Amount of			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Date (Month/Day					/Day/Ye	//Year) Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed C	Of (D) (Instr. 3, 4 and 5)		Securities Beneficially		Form: Direct (D) or Indirect			
													Owned Following Reported					
									Code	v	Amount	(A) or (D)	Price	Transact	ion(s)			(
C C C I						+								+	84 <sup>(1)</sup>		D	
Common Stock					_			$\perp$					0,0	04(-)		и		
Common Stock 10/01/2			1/2009	2009		F		346(2)	D	\$22.34	8,3	8,338		D				
			Table II -								osed of,			Owned				
				(e.g.,	puts,	call	s, warr	ants	s, optio	ns,	convertib	le secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	Date,	4. Transactic Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option	\$23.9	10/15/2009			A		12,000		10/15/200	9 <sup>(3)</sup>	10/14/2016	Common Stock	12,000	\$0	12,00	10	D	

## **Explanation of Responses:**

- $1. \ Includes \ 282 \ shares \ acquired \ through \ Employee \ Stock \ Purchase \ Plan, \ on \ June \ 30, \ 2009.$
- 2. Represents shares of common stock withheld by Issuer to pay tax withhelding obligation of reporting person upon the vesting of restricted stock units granted to the reporting person on May 12, 2009.
- 3. Eight -sixtieths of the option vests on the date of grant, thereafter the option vests in equal monthly increments over a 52 month period commencing November 1, 2009.

## Remarks:

John Goodson

10/19/2009

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.