

ARI NETWORK SERVICES INC /WI  
Form SC 13G/A  
February 10, 2017

**SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**SCHEDULE 13G**

**Under the Securities Exchange Act of 1934**

**(Amendment No. 7)**

**ARI NETWORK SERVICES, INC.**

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(Name of Issuer)

Common Stock, \$0.001 par value

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(Title of Class of Securities)

001930205

-----  
(CUSIP Number)

December 31, 2016

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(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1(b)
- Rule 13d-1(c)
- Rule 13d-1(d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 ( Act ) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act.

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**1. NAME OF REPORTING PERSON**

ROY W. OLIVIER

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON  
(ENTITIES ONLY)

N/A

**2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP**

(a)

(b)

**3. SEC USE ONLY**

**4. CITIZENSHIP OR PLACE OF ORGANIZATION**

WISCONSIN

**NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH:**

**5. SOLE VOTING POWER**

771,992

**6. SHARED VOTING POWER**

141,954

**7. SOLE DISPOSITIVE POWER**

771,992

**8. SHARED DISPOSITIVE POWER**

141,954

**9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

913,946

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**10. CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES** [ ]

Not Applicable

**11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)**

5.2

**12. TYPE OF REPORTING PERSON**

IN

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**ITEM 1. (a) NAME OF ISSUER**

ARI NETWORK SERVICES, INC.

**(b) ADDRESS OF ISSUER S PRINCIPAL EXECUTIVE OFFICES**

10850 West Park Place, Suite 1200, Milwaukee, Wisconsin 53224

**ITEM 2. (a) NAME OF PERSON FILING**

ROY W. OLIVIER

**(b) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE**

10850 West Park Place, Suite 1200, Milwaukee, Wisconsin 53224

**(c) CITIZENSHIP**

WISCONSIN, USA

**(d) TITLE OF CLASS OF SECURITIES**

COMMON STOCK

**(e) CUSIP NUMBER**

001930205

**ITEM 3. IF THIS STATEMENT IS FILED PURSUANT TO SECTIONS 13d-1(b) OR 13d-2(b) or (c), CHECK WHETHER THE PERSON FILING IS A:**

- |     |                          |                                                                              |
|-----|--------------------------|------------------------------------------------------------------------------|
| (a) | <input type="checkbox"/> | Broker or dealer registered under Section 15 of the Act (15 U.S.C. 78o);     |
| (b) | <input type="checkbox"/> | Bank as defined in Section 3(a)(6) of the Act (15 U.S.C. 78c);               |
| (c) | <input type="checkbox"/> | Insurance company as defined in Section 3(a)(19) of the Act (15 U.S.C. 78c); |

- (d)  Investment company registered under Section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8);
- (e)  An investment adviser in accordance with Section 13d-1(b)(1)(ii)(E);
- (f)  An employee benefit plan or endowment fund in accordance with Section 13d-1(b)(1)(ii)(F);

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<b>ITEM 3.</b>	(g)	[ ]	A parent holding company or control person in accordance with Section 13d-1(b)(1)(ii)(G);
<b>Continued</b>	(h)	[ ]	A savings association defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
	(i)	[ ]	A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);
	(j)	[ ]	A non-U.S. institution in accordance with Section 13d-1(b)(ii)(J);
	(k)	[ ]	Group, in accordance with Section 13d-1(b)(1)(ii)(K).

**ITEM 4. OWNERSHIP**

(a)	Amount Beneficially Owned	913,946
(b)	Percent of Class	5.2%
(c)	Number of Shares as to which the person has:	
(i)	Sole power to vote or to direct the vote:	771,992
(ii)	Shared power to vote or to direct the vote:	141,954
(iii)	Sole power to dispose or to direct the disposition of:	771,992
(iv)	Shared power to dispose or to direct the disposition of:	141,954

The detail of Mr. Olivier's beneficial ownership as of December 31, 2015 is as follows:

Sole Voting/Dispositive Power	Shared Voting/Dispositive Power
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Total



Shares owned outright	358,746		
Shares held in Mr. Olivier's 401(k) (vested)	<u>13,246</u>		
Total shares owned	371,992		
Shares owned by spouse		0	
Options exercisable within 60 days	<u>400,000</u>		
Total shares and options owned			
Total shares in ARI 401(k) Plan (Note 1)		155,200	
Less: Mr. Olivier's 401(k) shares included above		<u>13,246</u>	
Total reported shares and options	771,992	141,954	913,946

(1)

Mr. Olivier is one of two trustees of ARI's 401(k) Plan.

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**ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS**

Not Applicable.

**ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON**

Not Applicable.

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**ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY**

Not Applicable

**ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP**

Not Applicable

**ITEM 9. NOTICE OF DISSOLUTION OF GROUP**

Not Applicable

**ITEM 10. CERTIFICATION**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

**SIGNATURE**

After reasonable inquiry and to the best of our knowledge and belief, the undersigned certifies that the information set forth in this statement is true, complete and correct.

Dated as of the 6th day of February, 2017

/s/ Roy W. Olivier

Signature

Roy W. Olivier, President and Chief Executive Officer  
Name/Title