

Roselli John P  
 Form 3/A  
 February 23, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Roselli John P		(Month/Day/Year)	DEVRY INC [DV]	
(Last)	(First)	11/07/2007		
3005 HIGHLAND PARKWAY			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
DOWNS			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
GROVE,Â ILÂ 60515			<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Other	
(City)	(State)	(Zip)	(give title below) (specify below)	
			Sr. Vice President, Corporate / Sr. Vice President, Corporate	
			5. If Amendment, Date Original Filed(Month/Day/Year)	
			01/02/2008	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of Shares		

(Instr. 5)

Incentive Stock Option (right to buy)	Â (1)	08/10/2014	Common Stock	3,000	\$ 20.78	D	Â
Incentive Stock Option (right to buy)	Â (2)	06/15/2015	Common Stock	2,990	\$ 21.4	D	Â
Incentive Stock Option (right to buy)	Â (1)	10/03/2016	Common Stock	5,000	\$ 21.62	D	Â
Incentive Stock Option (right to buy)	Â (1)	05/19/2013	Common Stock	5,000	\$ 23.53	D	Â
Incentive Stock Option (right to buy)	Â (1)	08/31/2017	Common Stock	5,500	\$ 34.53	D	Â
Incentive Stock Option (right to buy)	Â (3)	11/07/2017	Common Stock	3,031	\$ 57.74	D	Â
Non-Qualified Stock Option (right to buy)	Â (2)	06/15/2015	Common Stock	3,010	\$ 21.4	D	Â
Non-Qualified Stock Option (right to buy)	Â (3)	11/07/2017	Common Stock	2,969	\$ 57.74	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Roselli John P 3005 HIGHLAND PARKWAY DOWNERS GROVE, IL 60515	Â	Â	Â Sr. Vice President, Corporate	Sr. Vice President, Corporate

## Signatures

By: Robyn B. Martin For: John P. Roselli  
Date: 02/18/2010

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) This option vests at 20% per year. This option will be fully vested at the end of the 5th year.
- (2) This option is immediately exercisable on the date of the grant.
- (3) This option vests at 20% per year. This option will be fully vested at the end of the 5th year. This option was issued in two parts- one as an ISO and the other as a non-qualified option due to the ISO limitations.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.