FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SMITH PETER J						1110101110 [11100]								X Dire		ctor 10		ó Owner		
,					-									_	X	Offic	er (give title	Oth	er (specify	
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	,	belo	ow)	
SOUTHPOINTE				11/	11/15/2010								Chairman							
275 TECHNOLOGY DRIVE																				
2/3 TECHNOLOGI DRIVE				1 If	If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					- ^{4.} "	AIIIC	enument	, Date 0	ii Origiriai	riieu	i (WOIIIII) i	аултеа	u)		ine)	uuai u	i John Group	J Filling (Crieci	Applicable	
,	SBURG PA		15317												X	Forn	n filed by One	e Reporting Po	erson	
CHITOIT	oborto 11		13317													Forn	n filed by Mo	re than One R	eporting	
																Pers	on			
(City)	(St	ate) (Zip)																	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally (Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.								ount of	6. Ownership		
				Date (Month/	Day/Yea			Execution Date, f anv		Transaction Dispos		d Of (D) (Instr. 3,					ties cially	Form: Direct (D) or Indirect	of Indirect t Beneficial	
(**************************************					(Month		ay/Year) 8)	8)						Owned Following Reported Transaction(s) (Instr. 3 and 4)		(l) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	((A) or				、 I		(111501.4)	
									<u> </u>	-	(D) F									
Common Stock 11/15/				.5/2010				S		73,63	2	D (1		96,584		D				
		Ta	hla II - Γ) Arivat	-iva S	ACI	ıritide	Λcαιι	ired D	ieno	sed of,	or Re	onofi	ciall	ν Ων	med				
		16									onvertib				y Ov	nicu				
1. Title of	2. Conversion or Exercise Price of Derivative	3. Transaction	3A. Deem		4. Transaction Code (Instr		n of			sable and				8. Pric		9. Number o	of 10. Ownership	11. Nature		
Derivative Security		Date (Month/Day/Year)	Execution D if any (Month/Day/	Cod					Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security		Securities	Form:	Beneficial	
(Instr. 3)					8)		Securities Acquired			Unde		(Instr. 5)		Beneficially Owned	Direct (D)					
Security						(A) or Disposed of (D)				Security (Instr. and 4)							Following	(I) (Instr.		
																	Reported Transaction	(s)		
				(Instr. 3, 4 and 5)		. 3, 4								(Instr. 4)	``					
				<u> </u>			anu	"												
													Am	ount						
									Date		Expiration		Nur	nber				- 1		
						v	(A)	(D)	Exercisa		Date	Title		res						

Explanation of Responses:

1. The trade was executed in a series of transactions with a price range of \$48.595 to \$49.06, inclusive, with a weighted average price of \$48.821912. The reporting person undertakes to provide to ANSYS, Inc., any security holder of ANSYS, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Colleen Zak Hess, Attorney-in-11/17/2010 **Fact**

** Signature of Reporting Person

Date

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.