FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average by	ırdon							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	I								
		hours per response:	0.5						
	1	<u> </u>							
	tionship of R all applicabl	eporting Person(s) to Issu e)	er						
X	Director	10% Owr	ner						
	Officer (giv below)	re title Other (sp below)	ecify						
i. Indivi .ine)	idual or Join	/Group Filing (Check App	licable						
X	Form filed	Form filed by One Reporting Person							
	Form filed Person	by More than One Reporting							

1. Name and Address of Reporting Person*  THURK MICHAEL			2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ ANSS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
THUR	K MICHA	<u>AEL</u>			1	101	0 11 11	<b>⊒</b> L ²	11100 ]					X	Directo	or		10% Ov	vner
(Last)	POINTE	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2011									Officer below)	(give title		Other (s below)	specify
275 TECHNOLOGY DRIVE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	SBURG PA	Λ	15317		_									X		iled by Mor		orting Perso n One Repo	
(City)	(St	ate)	(Zip)																
		Tab	le I - Non	-Deriv	/ative	Sec	curitie	s Ac	quired,	Dis	osed c	of, or Bo	enefic	ially	Owned	ł			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securiti Benefic		es Fo ially (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code V Amount (A) or (D)				or Pric	ce	Transaction(s) (Instr. 3 and 4)				(111501.4)			
		T	able II - I (						uired, Di s, option						Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)				Date,		Transaction of Code (Instr. De Code (Instr. De Code (Instr. De Code (Instr. De Code (Instruction of Code (Instr. De Code (Instruction of Code (Instruction o		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			nd of s ng e Securi und 4)	8. Price of Derivative Security (Instr. 5)			e de la companya de l		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Option to Purchase	\$54.93	03/01/2011			A		4,000		(1)	03	3/01/2018	Common Stock	4,00	0	\$0	4,000		D	

## **Explanation of Responses:**

1. Represents options issued under the Third Amended and Restated ANSYS, Inc. 1996 Stock Option and Grant Plan in accordance with the 12/31/09 annual grant election of the Chairman and non-affiliated independent directors. The grant of 4,000 stock options is made quarterly in arrears and vests 25% annually in equal installments beginning on the first anniversary of the grant date.

Sheila S. DiNardo, Attorney-

in-Fact

\*\* Signature of Reporting Person

03/03/2011

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.