FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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* NAME ADDRESS A. C. M. C.						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															X D	irector	ctor 1		10% O	wner	
-														_		fficer (g	jive title			(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									A b	below)			below)		
SOUTHPOINTE					11/	11/09/2009									Chairman						
275 TECHNOLOGY DRIVE																					
2,012011.02001 211.12				1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year) 11/10/2009									Line)						
,	SBURG PA		15317												X F	orm filed	d by One	Reporti	ng Pers	on	
CHITOIT	SDORG 11		15517												F	orm filed	d by Mor	e than O	ne Rep	orting	
															P	erson					
(City)	(St	ate) (Zip)																		
		Tabl	e I - Non	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	eficia	ally Ov	/ned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Day/Year) Ex		2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			nd Se Be Ow	curities neficially ned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock															96,584(1)		D				
		Та	ıble II - D	Perivat	ive S	ecu	rities	Acqui	ired, Di	ispo	sed of,	or E	Benefi	ciall	y Own	ed					
			(6	e.g., pı	uts, c	alls	, warr	ants,	option	s, c	onvertib	ole s	ecuri	ties)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Date, Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivati Security (Instr. 5)	ve deri Sec Ben Owi Foll Rep Trai	Number of rivative curities neficially ned lowing ported insaction(str. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) idirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration	Title	or Nur of	ount nber							

Explanation of Responses:

1. This amendment is being filed to reflect that only one transaction for Peter J. Smith occurred on 11/09/2009 for 65,000 shares (Acc# 0001181431-09-050792) and that his direct ownership holdings after this transaction are 96,584. Acc# 0001181431-09-050793 was a duplication.

Remarks:

This amendment is being filed to reflect that only one transaction for Peter J. Smith occurred on 11/09/2009 for 65,000 shares (Acc# 0001181431-09-050792) and that his direct ownership holdings after this transaction are 96,584. Acc# 0001181431-09-050793 was a duplication.

<u>Colleen Zak Hess, Attorney-in-</u>
<u>Fact</u>

** Signature of Reporting Person

11/16/2009

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.