SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* GALLIMORE ALEC D.	2. Date of Event Requiring Statement (Month/Day/Year) 12/18/2017		3. Issuer Name and Ticker or Trading Symbol <u>ANSYS INC</u> [ANSS]							
(Last) (First) (Middle) 2600 ANSYS DRIVE			(Check a	onship of Reporting Perso Il applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
SOUTHPOINTE				Officer (give title below)	Other (spe below)		Applicable L	.ine)	t/Group Filing (Check	
(Street) CANONSBURG PA 15317							Form		y One Reporting Person y More than One erson	
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock				0	D					
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 Securi Underlying Derivative Securit		ty (Instr. 4) Conve or Exe		ise Form:	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	ion Title		Amount or Number of Shares	Price of Derivativ Security	e or Ind	lirect		

Remarks:

Joseph E. Steitz, Attorney-in-

Fact

12/20/2017

** 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 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).

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.