FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF | CHANGES | IN B | ENEFICIA | AL | OWNERS | HIP |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | . 05 | | | | | | | |

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* Chakravarthy Anil | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | | k all app Direc | tor | ng Per | 10% O | wner | | |
|---|--|---------|---------------------------------|---|--|---|--|-------------------------------------|---|----------------------------|--|---|--|-------------------|--|--|-------------------|---------|--|
| (Last) (First) (Middle) SOUTHPOINTE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2021 | | | | | | | | | Office below | er (give title /) | | Other (below) | specify | |
| 2600 ANS | SYS DRIV | E | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) CANONS | BURG PA | . 1 | 5317 | | | | | | | | | | | X | | filed by On filed by Mo | | • | |
| (City) | (Sta | ate) (Z | Ľip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3enef | icially | y Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | , 4 and Securit Benefic Owned | | ies cially Following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | Code V Amount (A) or (D) | | | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock 10/26/ | | | | 10/26/ | 2021 | | | | A | | 464(1) | 1 | A | \$ <mark>0</mark> | 4 | 64 ⁽²⁾ | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative (Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | on Date, | 4. Transa Code (8) | Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents Restricted Stock Units ("RSUs"). The grant of RSUs shall become vested in full at the Company's next Annual Meeting. Each RSU is settled solely for one share of Common Stock, subject in each case to the Grantee's continued services as a member of the Board of Directors of the Company through such date.
- 2. Includes 464 Restricted Stock Units.

Remarks:

/s/ Janet Lee, attorney-in-fact 10/27/2021

** Signature of Reporting Person

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.