FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
|---------------------|------|-------|
|---------------------|------|-------|

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Emswiler Shane | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | | heck | all app Direc | licable) | ng Person(s) to Is 10% C | |
|--|--|------|---------------|--|---|---|--------|--------------------------------|---|----------------------|------------------|---------------------------------|--------------------|--|---|--|----------|---------------------------|--|
| (Last) (First) (Middle) SOUTHPOINTE 275 TECHNOLOGY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2010 | | | | | | | | | X | below) below VP and General Manage | | |) | |
| (Street) | SBURG PA | | 15317 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Indivi ne) X | · | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or I | Bene | eficia | lly C | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution (ay/Year) if any | | A. Deemed xecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | Of (D) (I | A) or , 4 and | and 5) Sec Ben Owi Rep | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | v | Amount | mount (A) or (D) | | Price | | | action(s) 3 and 4) | | | |
| Common Stock 07/30/2 | | | | | 2010 | | | J | | 365 A ⁽¹⁾ | | \$37.9 | 7.971 365 | | 365 | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | saction e (Instr. S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | ount nber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Acquired through the ANSYS Employee Stock Purchase Plan.

Sheila S. DiNardo, Attorney-

08/03/2010

in-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.