FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFIC | IAL OWNER | SHIP |
|------------------|------------|--------------|-----------|------|

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>CASHMAN JAMES E III</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|----------|-------|---|---|---|--|---------|---------|-----------------|--------|---------------------|---|---|--|---|---|---|--|
| (Last) (First) (Middle) SOUTHPOINTE 275 TECHNOLOGY DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2009 | | | | | | | | | X Officer (give title below) Other (specify below) President and CEO | | | | | |
| (Street) CANON (City) | SBURG PA | | 15317 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | lly Own | ed | | |
| Date | | | | | | action 2A. Deemed Execution Dat if any (Month/Day/Ye | | n Date, | Code (Instr. 5) | | | | d Securi Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | Transa | action(s) 3 and 4) | ction(s) | | |
| Common Stock | | | | 06/10 |)/2009 | | | | S | | 20,00 | 0,000 D | | (1) | 339,542 | | D | |
| Common Stock | | | | 06/10 | 6/10/2009 | | | | S | | 10,000 D | | D | (2) | 3 | 29,542 | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | 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) (Month/Day/Year) (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) :. 3, 4 | | | e Amount of | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. The trade was executed in a series of transactions with a price range of 32.5 to 32.76, inclusive, with a weighted average price of 32.5859. The reporting person undertakes to provide to ANSYS, Inc., any security holder of ANSYS, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- 2. The trade was executed in a series of transactions with a price range of 32.41 to 32.52, inclusive, with a weighted average price of 32.4613.

<u>Colleen Zak Hess, Attorney-in-</u> <u>Fact</u> <u>06/11/2009</u>

** 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.