FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| 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 ar MORL | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | | Relationsh neck all ap X Dire | olicable) | orting Pe | rson(s) to Is | | | | |
|---|--|---|--|----------|---|---|--|-----|--|--------------------|-------------------------------------|--|--|---|--|--|--|---|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2007 | | | | | | | | | er (give ti w) | tle | Other (below) | specify |
| 275 TEC | HNOLOG | Y DRIVE | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | SBURG PA | A | 15317 | | | | | | | | | | Lin | X For | n filed by | | oorting Perso In One Repo | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| 4 Tid | Naida - (10 | | le I - Non- | | | _ | | | quired, D | | | | | - | ed ount of | 100 | arabin | 7. Nature |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | r) E | 2A. Deemed Execution Da if any (Month/Day/Y | | Transacti Code (Ins | Transaction Dispos | | rrities Acquired (A ed Of (D) (Instr. 3, | | Secur Benet Owne | ities icially d Followin | Forr (D) (| Ownership rm: Direct or Indirect (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code V | Amo | Amount (A) or (D) | | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | ate, Tra | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | deriva Securi Benefi Owned Follow Repor | tive ties cially d ing ted action(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode ' | v | (A) | (D) | Date Exercisable | Expiration Date | on | Title | Amount or Number of Shares | | | | | |
| Options to Purchase | \$54.11 | 02/26/2007 | | | A | | 3,000 | | (1) | 02/26/20 | 14 | Common Stock | 3,000 | \$0.00 | 3, | 000 | D | |

Explanation of Responses:

1. Represents options issued under the Third Amended and Restated ANSYS, Inc. 1996 Stock Option and Grant Plan in accordance with the 02/09/06 amended annual grant election of the non-affiliated independent directors. The grant of 3,000 stock options is made quarterly in arrears and vests 25% annually in equal installments beginning on the first anniversary of the grant date.

Lisa M. O'Connor, Attorney-

in-Fact

** Signature of Reporting Person

02/27/2007 Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.