FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-0287
Estimated average	je burden
hours per respon	se: 0.5

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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

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1. Name and Address of Reporting Person* WHEELER MICHAEL J						2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WHEE.	LER MIC	HAEL J			I^{-}											Direc	ctor	1	L0% C	wner	
					3 D	Date of Earliest Transaction (Month/Day/Year)									X Office belo		er (give title v)		Other (specify below)		
(Last)	(Fir	St) (Middle)					l IIalisa	action (ivi	OHUI	Day/Teal)					VP &	GM, Med	hanical F	Rus I	Init	
SOUTHE	OINTE				03/	03/01/2005										,,,	C 01/1, 1/1CC	.numcur L	, uo.	JIII .	
275 TEC	HNOLOGY	DRIVE																			
2/5 110	IIIIOLOGI	DICIVE			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
,					. 4. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)						
(Street)																X Form filed by One Reporting Person					
CANON	SBURG	1	15317												, , , ,						
					.											Form Pers	n filed by Moi on	re than On	е кер	orting	
(City)	(C+	ate) (7in)													. 0.0					
(City)	(30	ale) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)								6. Owners		7. Nature	
				Date	Day/Var	ay/Year) Execution Date, if any (Month/Day/Year)				Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			3, 4 a		Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial		
				(WOTILITY	Dayrie											l Following		(I) (Instr. 4)	Ownership		
								H			(0)			Repor			'''		(Instr. 4)		
								Code	۱۷	Amount	- 13	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 03/01/					/2005				A ⁽¹⁾		300		A \$0		0.01 6,942		5,942	D			
33/31												<u> </u>									
		Та	ble II - D	Derivat	ive S	ecu	rities	Acqui	red, Di	ispo	sed of,	or B	Benefi	ciall	у Ои	vned					
			(e.g., pı	uts, c	alls	, warr	ants,	option	s, c	onvertib	le s	ecuri	ties)							
1. Title of	2.	3. Transaction	3A. Deeme	ed	4.		5. Number		6. Date Exercisable and			7. Title and			8. Pric		rice of 9. Number of			11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution	Date,	Transa				Expiration			Amount of			Derivative		derivative	Owne		of Indirect	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/	v/Year)	Code (8)	ınstr.			(Month/Day/Year)			Securities Underlying			Security (Instr. 5)		Securities Beneficially	Form: Direct		Beneficial Ownership	
Derivative					-,		Acquired		Derivat				vative	ve		-,	Owned	or Ind	irect	(Instr. 4)	
Security					(A) or Disposed				Security (Instr. and 4)			str. 3	3		Following Reported	(I) (Ins	tr. 4)				
						of (D)		4)							Transaction	(s)					
								(Instr. 3, 4									(Instr. 4)	``			
				L	<u> </u>		and 5)														
														ount							
						ı							or Nur	nber							
									Date		Expiration		of								
					Code	٧	(A)	(D)	Exercisal	ble	Date	Title	: Sha	res							

Explanation of Responses:

1. Award subject to contractual restrictions on resale for a period of four years after date of grant.

Lisa M. O'Connor, Attorney-

03/03/2005

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.