FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| TATEMENT | OF CHAI | ICES IN | RENEFICIAL | OWNER |
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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours per respons | e· 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

| Name and Address of Reporting Person* BRAMLEY CLAIRE | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | ationship all app Direc | , | ng Per | rson(s) to Is | | | | |
|--|---|--|-----------------------------------|--|---|---|---|--|--|--------------|--|-------------------------------|---|--|--------------------------------------|--------------------------------------|--|--|---------|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2024 | | | | | | | | | Office | er (give title v) | | Other (s below) | specify |
| 2600 AN | ISYS DRIV | IVE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | X | Form | filed by One | e Rep | orting Perso | on | | |
| CANONSBURG PA 15317 | | | | | | | | | | | | | | Form Perso | filed by Mo | re tha | n One Repo | orting | |
| (City) (State) (Zip) | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Da | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secu Bene Own | | urities eficially ed Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) o (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | 05/12/2 | 024 | | | F | | 30(1) | D | \$328 | 3.25 | 25 1,412 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transaction Code (Instr. 8) 5. Numl of Derivati Securiti Acquirer (A) or Dispose of (D) (Instr. 3 and 5) | | vative crities cired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Der Sec | Price of ivative curity etr. 5) | vative derivative rity Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Shares withheld for payment of taxes in connection with the vesting of time-based Restricted Stock Units.

Remarks:

/s/ Janet Lee, Attorney-in-Fact 05/13/2024

** 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.