SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

| 1 | Address of Reporting F | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-------------------------------------|------------------------|-----------|--|-------------------|---|-----------------------|--|--|--|--|
| | <u>AN JAMES E I</u> | <u>11</u> | | X | Director | 10% Owner | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | — x | Officer (give title below) | Other (specify below) | | | | |
| SOUTHPOINTE 275 TECHNOLOGY DRIVE | | | 02/19/2008 | | President and CEO | | | | | |
| | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fil | ing (Check Applicable | | | | |
| CANONSB | SURG PA | 15317 | | X | Form filed by One Re | eporting Person | | | | |
| | | | — | | Form filed by More th Person | nan One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (| |
| Common Stock | 02/19/2008 | | М | | 14,000 | Α | \$1.5 | 366,811 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (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 Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Options to Purchase | \$1.5 | 02/19/2008 | | М | | | 14,000 | (1) | 10/14/2008 | Common Stock | 14,000 | \$0.00 | 0 | D | |

Explanation of Responses:

1. The option grant of 120,000 shares vests 25% annually in equal installments beginning on the first anniversary of the grant date.

| Colleen Zak Hess, Attorney-in- | 02/21/2008 |
|--------------------------------|------------|
| <u>Fact</u> | 02/21/2000 |

** 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.

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|-----|--------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
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| | hours per response: | 0.5 | | | | | |