FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Section 16. Form 4 or Form 5 | ATEMENT OF CHAN |
|---|---------------------------|
| obligations may continue. See Instruction 1(b). | Filed pursuant to Section |

GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HOVSEPIAN RONALD W | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | | | all applicable) Director | | ng Pers | p Person(s) to Issuer 10% Owner | | | |
|--|--|--|---|---------------------------------|--------|--|---|-----|---------------------------------------|-------|---|--|------------------------------|-------------------------------|---------------------------|--|---|---|--|---|--|--|
| (Last) | - | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2013 | | | | | | | | | | | Officer (give title pelow) | | Other (specify below) | | | | | | |
| 275 TECHNOLOGY DR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| CANONSBURG PA 15317 | | | | | _ | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Trans Date (Month/ | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed | urities Acquired (A sed Of (D) (Instr. 3, | | | | 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 ⁽¹⁾ | | | 08/1 | 4/2013 | 3 | | | A | | 1,400 |) | A \$0 7,523 ⁽²⁾ D | | | | | | | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transaction Code (Inst | | | | | 6. Date Ex Expiration (Month/Da | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | | |

Explanation of Responses:

1. Represents Deferred Stock Units ("DSUs") issued under the Fourth Amended and Restated ANSYS, Inc. 1996 Stock Option and Grant Plan in accordance with the 12/31/12 annual grant election of the Chairman and non-affiliated independent directors. Each DSU is settled solely for one share of Common Stock upon termination of services as a Director. The grant of 1,400 DSUs is made quarterly in arrears and is fully vested at grant date.

2. Includes 7,523 Deferred Stock Units

Remarks:

Sheila S. DiNardo, Attorneyin-Fact

08/16/2013

** Signature of Reporting Person

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.