FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ ANSS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SHIELDS MARIA T					[111.00]										Direc	tor	10% (	Owner		
							4 <b>-</b> 11	. T		4 41-	/D /\(\frac{1}{2} - \frac{1}{2} \)			$\dashv$	X	Office	er (give title v)	Other below	(specify )	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/05/2019										CFO	& VP Fin:	ance and Adn	nin	
2600 ANSYS DRIVE				03/	05/05/2019										OI O	CC 11 1111	arree arree 1 rain			
SOUTHPOINTE																				
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														L	ne)	_				
CANONSBURG PA 15317														X	Form filed by One Reporting Person					
GINTONOBERG III 15517				.											Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	sposed o	f, or	Ben	eficia	ally C	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transa	ction					3. 4. Securities Acquired (A)					and 5) Securities Beneficially			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect	
Date (Month/Day				ay/Yea	r) if	any			Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		3, 4 and	cially			Beneficial			
					(Month/Day/Year)		8)		<u> </u>				Repor			(I) (Instr. 4)	Ownership (Instr. 4)			
									Code	v	Amount (A)		) or ))	Price	Trans (Instr		action(s) 3 and 4)			
Common Stock 03/05/2				/2019	2019			F		3,575(1)		D	\$178	8.75 105,515		5,515 <sup>(2)</sup>	D			
		To	ble II	Darivet	i		witi o o	Λ	ired F	)ion		or D	f	iaiallı	. 0	,,,,,,,d				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deen		4. Transa				6. Date Exercis			7. Title and				rice of 9. Number of derivative		of 10. Ownership	11. Nature of Indirect	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Executio if any	·	Transa Code (				(Month/			Amount of Securities			Secui		Securities	Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/D	ay/Year)	/Year)   8)		Securities Acquired				Underlying Derivative			(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)		
Security							(A) or				Security (Instr.			ıstr. 3	3		Following	(I) (Instr. 4)	(1113411 4)	
					Disposed of (D)			and 4)								Reported Transaction(	(s)			
						(Instr. 3, 4 and 5)											(Instr. 4)			
				-	$\vdash$		anu s)					_	Τ.							
													An	ount						
									Date		Expiration			mber						
					Code	v	(A) (D)		Exercisable		Date			Shares						

## Explanation of Responses:

- 1. Shares withheld for payment of taxes in connection with the vesting of time-based Restricted Stock Units.
- 2. Includes 24,762 Restricted Stock Units.

## Remarks:

Janet Lee, Attorney-in-Fact 03/06/2019

\*\* 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.