FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES 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* ZILVITIS PATRICK J | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANSYS INC [ANSS] | | | | | | | | Relationship eck all app X Direc | licable) | or | | son(s) to Issuer | |
|--|---|--|--|--------|---|--|-------|-------------------------------|--|-----------------------------|-----------------------|---|--|--|--|-----------------------|--|--|--|
| (Last) (First) (Middle) SOUTHPOINTE 275 TECHNOLOGY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/06/2009 | | | | | | | | Office below | er (give title v) | | Other (s below) | pecify | | |
| (Street) CANONSBURG PA 15317 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | e) X Form Form | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Perso | on | | | | |
| | | Tab | le I - N | on-Der | ivativ | e Sec | curit | ties Ac | quire | d, Di | isposed o | of, or Be | neficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | | 3. Transa Code (I 8) | | 4. Securities Disposed O | | | 5. Amount of Securities Beneficially Owned Follow Reported | | Form (D) o | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | ea ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 11/06/20 | | | | | /2009 | 9 | | M | | 10,000 | A | \$9.470 | 28,400 | | | D | | | |
| Common Stock 11/06/20 | | | | | /2009 | 09 | | S | | 10,000 | D | \$41.033 | (1) 1 | 8,400 | | D | | | |
| | | - | Table II | | | | | | | | posed of, converti | | | Owned | | | | | |
| 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 o Derivative Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cc | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Options to Purchase | \$9.4703 | 11/06/2009 | | | M | | | 10,000 | (2) |) | 05/13/2014 | Common Stock | 10,000 | \$0 | 38,00 | 00 | D | | |

Explanation of Responses:

- 1. The trade was executed in a series of transactions with a price range of \$40.80 to \$41.50, inclusive, with a weighted average price of \$41.03273. The reporting person undertakes to provide to ANSYS, Inc., any security holder of ANSYS, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote
- 2. The option grant of 48,000 shares was made on 05/13/2004 and vests 25% annually in equal installments beginning on the first anniversary of the grant date.

Colleen Zak Hess, Attorney-in 11/09/2009

-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.