Edgar Filing: SOLECKI JOSEPH S - Form 4

SOLECKI JC	OSEPH S												
Form 4													
June 11, 2009)												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL			
Washington, D.C. 20549									OMB Number:	3235-0287			
Check this box								Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							NERSHIP OF	Estimated a	2005 average				
	Section 16. SECURITIES								burden hours per				
Form 4 or									response	0.5			
Form 5 obligation	-	-							ge Act of 1934,				
may conti				•		U	• •		f 1935 or Sectio	n			
See Instru	ction	30(h)	of the Inv	vestme	nt C	Company	Act	of 19	40				
1(b).													
(Print or Type R	(esponses)												
, , , , , , , , , , , , , , , , , , ,	1 · · · · ·												
1. Name and A	ddress of Report	ing Person [*]	2. Issuer	Name a	nd [Ticker or T	Fradin	g	5. Relationship of	Reporting Person(s) to			
SOLECKI J	OSEPH S		Symbol	-					Issuer				
-				ANSYS INC [ANSS]					(Chaola all angliaghta)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)					
				Ionth/Day/Year)					Director	10%	6 Owner		
				15/20/2009					_X_ Officer (give title Other (specify				
TECHNOLO	OGY DRIVE								below)	below) VP & GM			
	(Street)		4 If Amo	desant	Dat	o Original					a c/Chh		
(Sueet) 4. If Amendment, Date Origin Filed(Month/Day/Year)				If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)				
							X Form filed by One Reporting Person						
CANONSBU	URG, PA 153	17							· · · · · · · · · · · · · · · · · · ·	More than One Re	eporting		
									Person				
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	on Date, if						Securities		Indirect			
(Instr. 3)	/Day/Year)	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	Indirect (I) Owner	Beneficial Ownership				
(Month/Day/Year) ((msu.	(1131.0) (1131.3, 4 and 5)				Following	(Instr. 4)			
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
-				Code	V	Amount	(D)	Price	(msu. 5 and 4)				
Common	05/20/2009			G	V	880	D	\$0	78,870	D			
Stock													

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SOLECKI JOSEPH S SOUTHPOINTE 275 TECHNOLOGY DRIVE CANONSBURG, PA 15317			VP & GM					
Signatures								
Colleen Zak Hess, Attorney-in-Fact		06/11/2009						
**Signature of Reporting Person		Date						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.