FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response | e: 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Griswold Kirk B. | | | | 2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [BSY] | | | | | | | | | ck all appl | nship of Reporti Il applicable) Director | | 10% O | Owner | | | |
|--|--|---------|--------------|---|---|--|--|-----|--|------|---|------------|---|--|---|---|--|--|-------------|--|
| (Last) (First) (Middle) C/O BENTLEY SYSTEMS, INCORPORATED | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2020 | | | | | | | | | below | r (give title | | Other (below) | specify | | |
| 685 STOCKTON DRIVE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) EXTON | PA | . 1 | 9341 | | | | | | | | | | | y | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | Execution D | | on Date, Tr | | ansaction Disposed (ode (Instr. 5) | | es Acquired (A Of (D) (Instr. 3 | | | Benefic | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transaction(a) | | | | (111501. 4) | |
| Class B Common Stock 10/02/2 | | | | | 2020 | | A ⁽¹⁾ | | 1,136 | A \$ | | \$22 | 2 567,823 | | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) of Dispo | erivative ecurities cquired () or isposed i (D) estr. 3, 4 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Represents director compensation that Mr. Griswold has elected to receive in the form of restricted stock in lieu of cash that vests in two quarterly installments beginning on December 31, 2020.

/s/ Michael T. Fischette, 10/06/2020 Attorney-in-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.