FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* Cumins Nicholas | | | | | 2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [BSY] | | | | | | | | (Chec | k all app | onship of Reportir all applicable) Director Officer (give title | | son(s) to Is 10% O Other (s | ner |
|--|---|--|------------------------------|-----------------|---|---|--|--|---|---------------|-----------|--|--|-----------------------------------|--|--|-----------------------------------|-----|
| (Last) (First) (Middle) C/O BENTLEY SYSTEMS, INCORPORATED | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2023 | | | | | | | | X | belov | | | | |
| 685 STOCKTON DRIVE (Street) EXTON PA 19341 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) X | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of (5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | 4 and Securit | | ies cially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | ice | Transa | insaction(s) str. 3 and 4) | | | (| |
| Class B Common Stock 03/07/2 | | | | | /2023 | | A ⁽¹⁾ | | 136 | A | \$ | 0.00 | 17 | 6,413 | | 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) | rivative conversion or Exercise Str. 3) Price of Derivative Security Derivative Security Derivative Security Derivative Security Derivative Security Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | n of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbo of Title Shares | | De Se (In | Price of erivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Represents dividend equivalent rights that accrued to the Reporting Person in connection with a dividend paid by the Issuer on awards previously granted and vest on the same terms as the awards to which they relate.

/s/ Michael T. Fischette, Attorney-in-Fact

03/09/2023

** 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.