SEC Form 4

FORM 4

Check this box if no longer subject

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								

to Section 10	6. Form 4 or Form 5 nay continue. See (b).		ed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940	34		Estimate hours pe		rage burden oonse:	0.5
1. Name and Ad Bentley Ke	ldress of Reporting eith A.	Person*	2. Issuer Name and Ticker or Trading Symbol <u>BENTLEY SYSTEMS INC</u> [BSY]	(Check X	tionship of F all applicat Director Officer (qi	ole)	Perso X	on(s) to Issue 10% Owne Other (spe	er
(Last) C/O BENTL 685 STOCK		(Middle) INCORPORATED	3. Date of Earliest Transaction (Month/Day/Year) 10/19/2021		below)	Technol	logy	below)	Sony
(Street) EXTON (City)	PA (State)	19341 (Zip)	 4. If Amendment, Date of Original Filed (Month/Day/Year) 	6. Indiv Line) X	Form filed	I by One I	Repor	(Check Appli ting Person One Reportir	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Class B Common Stock	10/05/2021		G	v	500	D	\$0.00	16,034,585	D		
Class B Common Stock	10/19/2021		A ⁽¹⁾		8,886	A	\$57.89	16,043,471	D		
Class B Common Stock	10/19/2021		A ⁽²⁾		32,722	A	\$57.89	16,076,193	D		
Class B Common Stock	10/19/2021		F ⁽³⁾		14,309	D	\$57.89	16,061,884	D		
Class B Common Stock								92,654	I	By 401(K) Plan	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	of (D (Insti and s	r. 3, 4	Date Expiration Exercisable Date		iration of			Transaction(s) (Instr. 4)		

Explanation of Responses:

1. Represents compensation paid to the Reporting Person and deferred into the Issuer's non-qualified deferred compensation plan and invested in fully-vested phantom shares that are distributable to the Reporting Person as shares of Class B Common Stock at a future date in accordance with the terms of the plan and the Reporting Person's plan election.

2. Represents the stock portion of compensation paid to the Reporting Person pursuant to the Issuer's Bonus Pool Plan (the "Bonus Pool Payment").

3. Represents shares withheld by the Issuer to cover taxes owed by the Reporting Person in respect of the Bonus Pool Payment.

/s/ Michael T. Fischette,

Attorney-in-Fact

** Signature of Reporting Person Date

10/21/2021

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

 \ast 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.