FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
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| Check this box if no longer subject | STATE |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Bentley Barry J. | | | | 2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [BSY] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|--|--|---------|---------|---|---|--|---|-----|-------------------------|--------------|--------------------|---|---|--|---|--|--|-------------|--|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024 | | | | | | | | Offi belo | cer (give title ow) | | Other (below) | specify | | |
| C/O BENTLEY SYSTEMS, INCORPORATED 685 STOCKTON DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) EXTON | PA | . 1 | 9341 | | | | | | | | | | | For Per | orting | | | | |
| (City) | (Sta | ate) (Z | Zip) | | $ _{\square}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | rsuant to a | a contract, instruction or written plan that is intended to struction 10. | | | | | |
| | | Table | I - Noi | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution | | | n Date, Trans Code | | iction Instr. | | | | and Secu Bene | ficially d 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 Price | Trans | action(s) 3 and 4) | ction(s) | | (111511. 4) | |
| Class B Common Stock 03/28/2 | | | | | 2024 | | | | A ⁽¹⁾ | | 4 | A | \$0. | 00 12 | ,648,225 | | D | | |
| Class B Common Stock | | | | | | | | | | | | | 9 | 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) | perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D | erivative (Month/Day/\) ecurities cquired \(\) or isposed \(\) (D) nstr. 3, 4 | | | te Amount of | | unt of rities rlying ative rity (Instr. 4) | 8. Price or Derivative Security (Instr. 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) | | |
| | | | | Code | | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

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,

04/01/2024 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.