FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Andre Werner | | | | | 2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [BSY] | | | | | | | | | | ck all app Direc | licable) tor | • | rson(s) to Is | wner | |
|--|--|---------|---------|----------|---|---|-----------|----------------------|------------------------------|---------|--------------------------------------|------------|--------------------------------|------------------------------|---|--|--------|--|--|--|
| (Last) | (Fii | rst) (F | Middle) | ATED | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2024 | | | | | | | | | | Officer (give title Other (specify below) Chief Financial Officer | | | | |
| 685 STOCKTON DRIVE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) EXTON PA 19341 | | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | | satisfy t | he affiri | mative | defense (| conditi | ons of Rule 10 | 0b5-1(c |). See | Instructi | on 10. | | ен ріа | iii tilat is liitei | lided to | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | tion | 2A. E Exec if any | Deemed cution Date, | | 3. 4. Securitie | | | es Acquired (A) Of (D) (Instr. 3, | | A) or | 5. Amo Securit Benefic | ount of ties cially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | ported (Instr. 4) nsaction(s) str. 3 and 4) | | | | |
| Class B C | Class B Common Stock 03/17/2 | | | | | 2024 | | | F ⁽¹⁾ | | 1,486 | I |) { | \$48.79 | 79 271,618 | | | 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 curity Conversion Date Execution Date, (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of | r osed (: 3, 4 | 6. Date Expirat (Month | ion Da | | Amount of | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 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 | Amo or Num of Shar | nber | | | | | | |

Explanation of Responses:

1. Represents shares withheld by the Issuer to cover taxes due by the Reporting Person upon the vesting of awards previously granted to the Reporting Person.

/s/ Michael T. Fischette, 03/19/2024 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.