FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

## STATEMENT 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* Shaman David R.					2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [ BSY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O BENTLEY SYSTEMS, INCORPORATED				3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024							X Officer (give title Other (specify below)  Chief Legal Officer						
685 STOCKTON DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street) EXTON	PA	19341											X Form filed by One Reporting Per Form filed by More than One Rep Person				
(City) (State) (Zip)			Rule 10b5-1(c) Transaction Indication														
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
		Table	I - No	n-Deriva	tive S	ecui	rities Ac	quired	, Dis	posed of	, or Be	neficia	lly Own	ed			
Date			2. Transact Date (Month/Dat	Executy/Year) if any		2A. Deemed Execution Date, f any (Month/Day/Year)		action (Instr.				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)		(instr. 4)	
Class B C	Common Sto	ock		03/13/2	2024			F <sup>(1)</sup>		1,458	D	\$48.6	8 50	3,154	D		
Class B C	Common Sto	ock		03/13/2	2024			A <sup>(2)</sup>		11,864	A	\$0.00	51	5,018	D		
Class B Common Stock												44	2,606	I	By Grantor Retained Annuity Trusts		
Class B Common Stock												3.	2,635	I	By 401(K) Plan		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirat (Month	tion Da	Vear) Securities Underlying Derivative Security (Ins 3 and 4)		t of sies sing sive sy (Instr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership tt (Instr. 4)			
					Code	v	(A) (D)	Date Exercis	sable	Expiration Date	C	Amount or Number of Shares					

## **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.
- 2. Represents a time-based restricted stock unit award granted pursuant to the Issuer's 2020 Omnibus Incentive Plan which vests over four years with one-quarter of such award vesting on each grant date anniversary.

/s/ Michael T. Fischette, 03/15/2024 Attorney-in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.