FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(0). 3	ee instruction i	U.												_						
1. Name and Address of Reporting Person* <u>Ballard Brock</u>				2. Issuer Name and Ticker or Trading Symbol BENTLEY SYSTEMS INC [BSY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
											,			Direc			10% Ov			
														_ R		er (give title		Other (s	specify	
(Last)	(Fir	rst) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year)									-	— below) below)					
C/O BEN	NTLEY SY	STEMS, INCOR	PORA	TED	01/02/2025										Chief Revenue Officer					
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685 810	CKTON D	KIVE												1						
					4. If /	Ameno	lment,	Date o	f Origina	al File	d (Month/Da	y/Yea	r)	6. In		r Joint/Grou	p Filin	ng (Check A	pplicable	
(Street)																filed by On	e Ren	orting Perso	nn.	
EXTON	PA	. 1	9341												_	,		n One Repo		
															Perso		ie liia	in One Repo	rung	
(City)	(St	ate) (Z	Zip)																	
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		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) if an		. Deemed ecution Date, any onth/Day/Year)		3. 4. Securitie Disposed (Code (Instr. 5)					3, 4 and Secu Bene Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A)	or	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Class B Common Stock 01/02/2						2025		F ⁽¹⁾		2,171]	D	\$46.7	6.7 66,048(2)		D				
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1. Title of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) 3. Deemed Execution Date, if any (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 Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		5 (. Price of Perivative Pecurity Pecurity Pecurity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)		
					Codo	.,	(4)	(D)	Date Exercise blo		Expiration	01		ount						

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. Includes shares of Class B common stock acquired by the Reporting Person through the Bentley Systems, Incorporated Global Employee Stock Purchase Plan for an offering period ended on December

31, 2024 for which the Reporting Person's enrollment and contribution elections were made in June 2024.

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

01/06/2025

** 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.