## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

$ \nu$	SIAILS	SECOIN	LIEO VIII		7110L 1	
		\\/:	schington D.C.	20549		

OMB APF	PROVAL								
OMB Number:	3235-0287								
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hours per response	e: 0.5								

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for 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(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

See ins	struction 10.				_														
1. Name and Address of Reporting Person*  Buckner Stephanie					2. Issuer Name and Ticker or Trading Symbol Altair Engineering Inc. [ ALTR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
<u>Duckher Stephanie</u>												_			or r (give title				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below) below)					
C/O ALTAIR ENGINEERING INC.					01/	01/12/2024								Chief Operating Officer					
1820 E. I	BIG BEAV	ER RD.																	
(Ott)					_   4. l	If Ame	endmer	nt, Date	of Origina	l Filed	I (Month/D	ay/Year)	6. I Lin	ndividual or e)	Joint/Group	p Filing (	Check Ap	plicable	
(Street) TROY MI 48083														Form filed by One Reporting Person					
					-									Form Perso	filed by Mo	re than C	ne Repo	rting	
(City)	(S	tate)	(Zip)																
		Tab	le I - Noi	n-Deriv	vative	e Se	curit	ies Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d				
Da				Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	ies cially Following	6. Owner Form: I (D) or Ir (I) (Inst	Direct of direct of the control of t	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Class A Common Stock 01/12/				2/2024	4			A		94(1)	A	\$63.9	92 7,	301(2)	]		By nusband		
Class A Common Stock 12/16				6/2024	/2024		М		1,800	) A	\$0	21	21,429(3)		D				
		7										, or Ben ble secu		/ Owned		<u>'</u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	d 4. Date, Transacti Code (Ins		5. Number on of		6. Date Exercisal Expiration Date (Month/Day/Year		able and 7. Title and Amount of		d of s g s Security	8. Price of Derivative Security (Instr. 5)		e O s Fe lly O o (l)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)	
					Code	v	(A)	(D)			Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$39.82	12/16/2024			M			1,800	(4)	(	06/02/2030	Class A Common Stock	1,800	\$0	16,03	2	D		

## **Explanation of Responses:**

- 1. Shares purchased under the Altair Engineering Inc. 2021 Employee Stock Purchase Plan in a transaction exempt under Rule 16b-3(c).
- 2. Includes 1,562 Class A Common Stock restricted stock units that are unvested.
- 3. Includes 10,898 Class A Common Stock restricted stock units that are unvested.
- 4. The options vested in 2 equal installments commencing June 2, 2022. This option is currently fully vested.

/s/ Raoul Maitra, attorney-infact for Stephanie Bucker

12/17/2024

\*\* 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.