FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL						
WNERSHIP	OMB Number:	3235-0287					
WINEINOIIII	Estimated average burden						

hours per response:

0.5

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

## 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

1. Name and Address of Reporting Person*  Robie Robert J.					FA	2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last)	`	rst) SEARCH SYSTI	(Middle) EMS INC			Date of 101/20		t Tran	saction (Moi	nth/D	ay/Year)		^ below	below) below EVP, Institutional Buysion			peony		
45 GLOVER AVENUE					4. 11	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) NORWA	LK C	Γ	06850												filed by Mor		One Repor	I	
(City) (State) (Zip) Rule 10							.0b5-	1(c	) Transa	actio	on Ind	lication							
						Check satisfy	this box the affir	to inc	licate that a tr e defense con	ansac ditions	tion was r s of Rule 1	nade pursua 10b5-1(c). S	ant to a con ee Instructi	tract, instruct on 10.	on or written	plan th	at is intended	i to	
		Tab	le I - Nor	n-Deriv	/ative	Sec	uritie	s Ac	quired, E	Disp	osed c	of, or Be	neficial	ly Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution		Date	Code (In	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 aı		Benefic Owned	es For ally (D) Following (I)	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) or (D)		r Price	Transac	eported ransaction(s) nstr. 3 and 4)		(	(Instr. 4)		
		Ţ							uired, Di					Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)			Fransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$436.57	11/01/2023			A		3,771		(1)	11/	/01/2033	Common Stock	3,771	\$0	3,771		D		

## Explanation of Responses:

1. Options vest 20% annually on the anniversary date of the grant and are fully vested after five years.

## Remarks:

/s/ RACHEL R. STERN,

Attorney in Fact for Robert J. 11/03/2023

Robie

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).