FORM 4

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

| Washington,  | D.C. | 20549 |  |
|--------------|------|-------|--|
| vaoriington, | D.O. | 20010 |  |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| 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

|   |  |            |           |  | _  |  |        |  |                  |   |   |  |  |   |           |                      |            |  |
|---|--|------------|-----------|--|--|--|--------|--|------------------|---|---|--|--|---|-----------|----------------------|------------|--|
| 1. Name and Address of Reporting Person* Stern Rachel Rebecca |  |            |           | FA   | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS ] |  |        |  |                  |   |   |  | neck all appli<br>Direct               | cable)  |           | Owner                |            |  |
| (Last) (First) (Middle) C/O FACTSET RESEARCH SYSTEMS INC.     |  |            |           |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2024  |        |  |                  |   |   |  |  | ^ below   | ) ``      | belo<br>Legal Office | w)         |  |
| 45 GLOVER AVENUE  |  |            |           |  | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |        |  |                  |   |   |  | Lin                                    | 6. Individual or Joint/Group Filing (Check Applicable ine)                          |           |                      |            |  |
| (Street)<br>NORWA   | Street) NORWALK CT 06850   |            |           |  |  |  |        |  |                  |   |   |  |  | X Form filed by One Reporting Person  Form filed by More than One Reporting  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. |        |  |                  |   |   |  |  |   |           |                      |            |  |
|   |  | Tab        | le I - No | n-Deriv  | ative  | Sec  | curiti | ies Ac   | quired           | , Dis   | posed o   | of, or Be  | neficia                                | ly Owne   | t         |                      |            |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |            |           |  |  | Execution Date,  |        | Code (Instr.   |                  |   |   | Benefic<br>Owned                                     | es Fe<br>ally (D<br>Following (I)      | 6. Ownership<br>Form: Direct<br>(D) or Indirec<br>(I) (Instr. 4)                    | Ownership |                      |            |  |
|   |  |            |           |  |  |  |        |  |                  | v   | Amount  | (A) or<br>(D)  | Price                                  | Reporte<br>Transac<br>(Instr. 3   | tion(s)   |                      | (Instr. 4) |  |
| Common Stock 02/02/2  |  |            |           |  |  | 2024   |        | M  |                  | 9,247   | 9,247 A \$2   |  | 88 11                                  | ,297  | D         |                      |            |  |
| Common Stock 02/02/2  |  |            |           | /2024  | 2024   |  | S      |  | 9,247 D          |   | \$480.  | 19 2   | 2,050                                  |   |           |                      |            |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |           |  |  |  |        |  |                  |   |   |  |  |   |           |                      |            |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any  |            |           | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)   |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst | Beneficia<br>Ownersh<br>ect (Instr. 4) |   |           |                      |            |  |
|   |  |            |           |  | Code   | v  | (A)    | (D)  | Date<br>Exercisa |   | Expiration<br>Date  | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |           |                      |            |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)              | \$221.88   | 02/02/2024 |           |  | М  |  |        | 9,247  | (1)              |   | 11/01/2028  | Common<br>Stock                                      | 9,247                                  | \$0   | 0         | D                    |            |  |

## **Explanation of Responses:**

1. Options granted on November 1, 2018 vest 20% annually on the anniversary date of the grant and are fully vested after five years.

## Remarks:

/s/ Rachel R. Stern

02/05/2024

\*\* 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> 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).