### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| ECURITIES AND EXCHANGE COMMISSION |
|-----------------------------------|
|-----------------------------------|

| OMB APPROVAL         |           |  |  |  |  |  |  |  |  |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:          | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average to | ourden    |  |  |  |  |  |  |  |  |

0.5

hours per response:

| 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.   |  |   |         |  |   |          |                 |   |       |                  |  |   |  |   |  |   |                                 |  |
|--|---|--|---|---------|--|---|----------|-----------------|---|-------|------------------|--|---|--|---|--|---|---------------------------------|--|
| Name and Address of Reporting Person*     Harding Catrina              |   |  |   | FA      | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [ |   |          |                 |   |       |                  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |   |  |   |                                 |  |
| (First) (MidPla)   |   |  |   |         | - FD   | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024 |          |                 |   |       |                  |  |   |  | officer (g<br>elow)   | (give title Other (  |   | (specify                        |  |
| (Last) (First) (Middle) FACTSET RESEARCH SYSTEMS INC. 45 GLOVER AVENUE |   |  |   |         |  |   |          |                 |   |       |                  |  |   | Cl   | hief Peo <sub>l</sub>   | ple Officer  |   |                                 |  |
| 45 GLO   | VEK AVEN  | IUE  |   |         | _ 4. It  | f Ame   | endment, | Date            | of Original   | Filed | (Month/Da        | ay/Year)   |   |  | al or Jo  | int/Group  | Filing (Check A   | pplicable                       |  |
| (Street) NORWALK CT 06850  |   |  |   |         | _  |   |          |                 |   |       |                  |  |   | Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |   |                                 |  |
| (City)   | City) (State) (Zip)   |  |   |         |  |   |          |                 |   | '     | CISOII           |  |   |  |   |  |   |                                 |  |
|  |   | Tab  | le I - Nor  | n-Deriv | ative  | e Se  | curitie  | s Ac            | quired,   | Disp  | osed c           | of, or Be  | neficia   | lly Ow   | vned  |  |   |                                 |  |
| Date   |   |  | 2. Trans<br>Date<br>(Month/                                 |         | ear)   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Yea   |          | Code (Instr. 5) |   |       |                  | d Sed<br>Bed<br>Ow   |   | ly   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |   |                                 |  |
|  |   |  |   |         |  |   |          |                 | Code  | v     | Amount           | (A) o<br>(D)   | r<br>Price  | Tra  | ported<br>insactio<br>str. 3 an                                   |  |   | (Instr. 4)                      |  |
|  |   | 7  | able II -   |         |  |   |          |                 | uired, D<br>s, option                                 |       |                  |  |   | y Own  | ned   |  |   |                                 |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transactio<br>Code (Inst   |   |          |                 | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |       |                  | 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)                                      |   | D. Number<br>derivative<br>Securities<br>Beneficially<br>Dwned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersh<br>Form:<br>y Direct (D)<br>or Indirec<br>(I) (Instr. | Beneficial Ownership (Instr. 4) |  |
|  |   |  |   |         | Code   | v   | (A)      | (D)             | Date<br>Exercisabl                                    |       | xpiration<br>ate | Title  | Amount<br>or<br>Number<br>of<br>Shares  |  |   |  |   |                                 |  |
|  |   |  |   |         |  |   |          |                 |   | Τ     |                  |  |   |  | Т   |  |   |                                 |  |

## **Explanation of Responses:**

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

#### Remarks:

/s/ JEFFREY GERSHOWITZ,

Attorney in Fact for Catrina

11/04/2024

**Harding** 

\*\* 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.