## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL									
	OMB Number:	3235-0362								
	Estimated average burden									
-	hours per response:	1.0								

Instruction 1(b).

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)				mber rative rities ired rosed	ants, optic  nber continued from the first seed from the first seed from first		te Exercisable and ation Date th/Day/Year)  Expiration Date			8. Price of Derivative Security (Instr. 5)  8. Price of Derivative Security Security (Instr. 5)  8. Price of Derivative Security Security Security Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
		Ta	ble II - Derivat										wned		,	<u> </u>	
FactSet Co	ommon Sto	ck	08/31/2011			A		2	2(1)	A	\$74.72		48,882		D		
FactSet Co	ommon Sto	ck	05/31/2011					1(1)		A	\$87.02		48,880		D		
FactSet Co	ommon Sto	ck	02/28/2011			A		2	2(1)	A \$77.		9	48,879		D		
FactSet Common Stock 11/30				A			(	<b>5</b> <sup>(1)</sup>	A	\$64.91		48,877			D		
			(Month/Day/Year)	if any			Code (Instr. 8)		,	(A) or Price			Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)
1. Title of Security (Instr. 3) 2. Transaction 2				2A. Deemed 3. 4			ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)						nt of 6.			'. Nature of	
()				rative Sec	uritie	s Ac	auire	ed. Di	sposed	of. or	Benefic	ially	Owne	ed			
(City) (State) (Zip)												Form filed by More than One Reporting Person					
(Street) NORWALK CT				/ who have on original rinea (world) Pay (ear)								Line)	X Form filed by One Reporting Person				
601 MERRITT 7				09/26/2011  4. If Amendment, Date of Original Filed (Month/Day/Year)							r)	6. Individual or Joint/Group Filing (Check Applicable					
(Last) (First) (Middle)				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)							below) below)  Executive Vice President					′	
FRANK	FDS ]						<u></u> [	X		er (give title	e	Other	Owner (specify				
1. Name and Address of Reporting Person* FRANKENFIELD MICHAEL D				2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
Form 3	Holdings Repo	rted.												liou	15 pci i	езропос.	1.0

## **Explanation of Responses:**

1. Shares acquired through the FactSet Research Systems Inc. Employee Stock Purchase Plan.

Michael D. Frankenfield

09/26/2011

\*\* Signature of Reporting Person

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.