FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machineton	D C	20540
Vashington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average bu	rden
hours per response:	1.0

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) of Dispo	Number 6. Date Exercis Expiration Dat (Month/Day/Ye quired) or sposed			ons, convertible securitie te Exercisable and ation Date 7. Title and Amount of		le and unt of rities rlying rative rity (Instr. 3	8. Pri Deriv Secu (Instr			e Ownersh s Form: ally Direct (D or Indirect g (I) (Instr.		Beneficial Ownership ect (Instr. 4)
			l ble II - Derivat			Acqu	ıired,	, Disp	osed of,	or B	eneficial	ly Ow			<u> </u>		
	ommon Sto		05/31/2013		\dashv	A4			3 ⁽¹⁾	A A	\$82.67 \$83.7					D D	
	ommon Sto		02/28/2013			A4			5(1)	A	\$78.56		3,741			D	
FactSet Co	ommon Sto	ck	11/30/2012		A4		4	57(1)		A	\$78.53	.53 3,67		675		D	
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						ed 5. Amount of Securities Beneficially Owned and of Issuer's Fiscal Year (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed (of, or	Benefici	ially (Owne	d			
(City)	(Sta	ate) (2	Zip)	-							Form filed by More than One Reporting Person						
(Street) NORWALK CT 06851				4. If Amen	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						
(Last) (First) (Middle) 601 MERRITT 7					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2013					(Year)	below) below) Principal Financial Officer						
1. Name and Address of Reporting Person* Nicolelli Maurizio					2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS]							all app Direct	licable) tor er (give title	Ü	Othe	Owner r (specify	
	Transactions F	· .	FII		1 30(h)) of thè	Ínvesti	ment Co	mpany Ac		0						
	Holdings Repo	iteu.						_			(405:						

Explanation of Responses:

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

/s/ Maurizio Nicolelli

10/07/2013

** Signature of Reporting Person Date

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.