FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL
OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Huber Linda		2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2021 3. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]								
(Last) 45 GLOVER AVI	(First) ENUE	(Middle)			Relationship of Reporting Person(s) to Issu Check all applicable) Director	ssuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NORWALK (City)	CT (State)	06850 (Zip)	_		X Officer (give title below) Other (specify below) Chief Financial Officer		pelow) 6.	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
			Table I - Noi	n-Deriva	ative Securities Beneficially Own	ed				
1. Title of Security (I	nstr. 4)		Table I - Noi	2. A	Amount of Securities Beneficially vned (Instr. 4)	3. Ownership Fo Direct (D) or Ind (Instr. 5)		lature of Indirect Ben	eficial Ownership (Instr. 5)	
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Explanation of Responses:

Remarks:

Linda Huber became a reporting person of FactSet Research Systems Inc. (the"Company" or "FactSet") pursuant to her appointment as the Company's Chief Financial Officer on October 4, 2021. Ms. Huber currently has no FactSet holdings.

/s/ RACHEL R. STERN, Attorney in Fact for Linda S. Huber 10/04/2021 ** 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 5 (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.

POWER OF ATTORNEY

KNOW ALL PEOPLE BY THESE PRESENTS, that the undersigned, Linda S. Huber (the "Filer"), an individual subject to the filing requirements of Sec IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on this 1st day of September, 2021.

/s/ LINDA S. HUBER Signature

Linda S. Huber Printed Name