FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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

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1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
HADLEY PHILIP A						FDS ]								X	Directo	r		10% Ov	/ner	
(Last) (First) (Middle) FACTSET RESEARCH SYSTEMS INC						1201									Officer below)	(give title		Other (s below)	pecify	
					3. Date of Earliest Transaction (Month/Day/Year)										Chair	hairman of the Board & CEO				
601 MERRITT 7					04/20/2005															
OOT WIERRITT /					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					'	11 /1110	mument,	Date	or Origina	i iieu	(WOTH // Day	y/ rear)		Line)	vidual of 3	Jilla Group	ı ııııg	(Clieck App	ilicable	
NORWA	LK C'	Γ	06851											X	Form fi	led by One	Repo	rting Persor	ı	
															Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person					
		Tal	ole I - Non	-Deriv	ativ	e Se	curitie	s Ac	quired	Dis	posed o	f, or Be	nefic	ially	Owned					
1. Title of S	Security (Inst	tr. 3)		2. Transa	action	n	2A. Deem		3.			ies Acquir			5. Amoui	nt of 6. Ov			7. Nature of	
Date							Execution Date if any		e, Transaction Code (Instr.					4 and Securitie Beneficia					Indirect Beneficial	
`				•	,		(Month/Day/Yea											str. 4)	Ownership (Instr. 4)	
									Code	v	Amount	(A) or Pric		ice	Transaction(s) (Instr. 3 and 4)					
									_	╫		(5)	_		<u> </u>			_		
FactSet Common Stock								957,487				,487		D						
			Table II - [	Derivat	tive	Sec	urities	Acq	uired, I	Disp	osed of,	or Ben	eficia	ally C	wned					
			(	e.g., p	uts,	, cal	s, warı	ants	s, optio	ns, c	onvertik	ole secu	uritie	s)						
1. Title of	2.	3. Transaction	3A. Deemed				. Derivative		6. Date Exercisable and 7. Title and Am							9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da if any		Transaction Code (Instr.				Expiration Date of Securities (Month/Day/Year) Underlying			ng	- 1:	Derivative Security	derivative Securities	es	Ownership Form:	Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/	Year) 8)	)		Securities Acquired		Derivative Section (Instr. 3 and 4)					urity (Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						(A) or Disposed			(,							Following Reported		(I) (Instr. 4)	(,	
					of (D) (Instr. 3, 4 and 5)		nstr.								Transaction(s)					
				-			3, 4 and 5)		1				Amo	unt		(111501.4)				
													or							
				C	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Num of Shar	.						
FactSet Common	\$29	04/20/2005			A		35,000	П	04/20/200	6 <sup>(1)</sup>	04/20/2015	FactSet Common	35,0	000	\$0	371,74	8	D		
Stock		I	I	- 1	- 1	I	1	ıl		- 1		Stock		- 1		I			1	

## Explanation of Responses:

1. 20 percent of the option grant is exercisable one year from grant date.

Philip A. Hadley

04/22/2005

\*\* 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.