## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  Form 3 Holdings Reported.			ANNUA	L STATE	ME			CHAI RSHI		N BE	ENEFIC	CIA	L	Es		ber: average bu response:	3235-0362 rden 1.0
Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Exchai ompany Act								
Name and Address of Reporting Person*  Walsh Peter G  (Last) (First) (Middle)				2. Issuer Name and Ticker or Trading Symbol     FACTSET RESEARCH SYSTEMS INC     [ FDS ]      3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					<u>IC</u> [	5. Relationship of Reporting (Check all applicable)  Director  X  Officer (give title below)			le	10% Othe	Owner r (specify v)		
FACTSET RESEARCH SYSTEMS 601 MERRITT 7			INC.	10/13/20		issuers	FISC	и теаг в	inaea (Mon	ıırı/Day/	rear)			Cniei Fi	папста	al Officer	
(Street) NORWALK CT			6851 Zip)	4. If Amend	dment	t, Date o	of Orig	inal File	d (Month/D	ay/Yea		6. Ind Line) X	Form	i filed by 0	One Re	ng (Check porting Pe an One Re	
		Table	e I - Non-Deriv	ative Seci	uritie	es Acc	quire	d, Di	sposed o	of, or	Benefic	ially	Owne	d			
1. Title of Security (Instr. 3)			2. Transaction 2A. Deemec Execution Date (Month/Day/Year) if any (Month/Day.		Pate, Transaction Code (Instr.			4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			or Disposed	ed Of 5. Amount of Securities Beneficially Owned at end		es ally		nership rm: Direct	7. Nature of Indirect Beneficial Ownership
				(Month Day)	cai,	0,		Amoun	t (	A) or D)	Price		Issuer's			ect (I)	(Instr. 4)
FactSet Common Stock			03/21/2005	A			7.	7(1)	A	\$32.8	3	5,056.88			D		
FactSet Common Stock			06/21/2005		A			7.5	51 <sup>(1)</sup>	A	\$33.66	55	5,064.39			D	
FactSet Common Stock			09/21/2005		A 6.7 <sup>(1)</sup> A		A	\$37.8	3	5,071.09			D				
		Ta	ble II - Derivat (e.g., p	ive Securi uts, calls,									wned				
			(- 3 / 1-			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (D) Date Expiration  Expiration  Date Expiration  Expiration  Date Date				<u></u>							

## **Explanation of Responses:**

1. Additional shares received as dividends on ESOP participation.

Peter G. Walsh

10/13/2005

\*\* 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.