FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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3235-0287 OMB Number: 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)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

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* Stepp Katherine M					FA	2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify					
(Last) (First) (Middle) 45 GLOVER AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024									Officer (give title Other (specify below) Chief Technology Officer (CTO)					
(Street) NORWALK CT 06850 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Form Form Filed by More than One Reporting Person					
		Tab	le I - Noı	n-Deri	vative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or B	ene	ficiall	y Owned	t				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp		Dispose	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 5)				es ially Following	Form:	Direct of Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pric		Price		nsaction(s) str. 3 and 4)			(Instr. 4)	
Common	Stock			11/0	1/2024	/2024		Α		317(1) A		\$ <mark>0</mark>	1,00	4.4217		D			
Common	Stock			11/0	1/2024	/2024		F		147(2	Ε		\$458.	8 857	.4217		D			
		Т	able II -						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercisabl Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)		
					Code		(A)	(D)	Date Exercisabl		xpiration ate	Title	or No of	ımber						
Employee Stock Option (right to	\$458.8	11/01/2024			A		3,569		(3)	1	1/01/2034	Common Stock	3	,569	\$0	3,569		D		

Explanation of Responses:

- 1. Represents common stock received upon the vesting on November 1, 2024, of performance share units ("PSUs") granted on November 1, 2021. Each PSU converted into 1.275 shares of common stock upon vesting based on the Company's performance during the three-fiscal year period beginning September 1, 2021 and ending August 31, 2024 (the "Performance Period") measured against performance goals established for the Performance Period based 50% on the Company's adjusted cumulative operating earnings and 50% on the Company's adjusted cumulative revenues during the Performance Period.
- 2. Represents the number of shares withheld to cover the cost of taxes upon vesting on November 1, 2024, of PSUs granted on November 1, 2021.
- 3. Options vest 20% annually on the anniversary date of the grant and are fully vested after five years.

Remarks:

/s/ JEFFREY GERSHOWITZ Attorney in Fact for Katherine 11/04/2024 M. Stepp

** 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.