FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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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

Name and Address of Reporting Person*     Skoko Goran						2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS ]								eck all appli Directo V Officer	Director Officer (give title		10% O	Owner (specify	
(Last) (First) (Middle) C/O FACTSET RESEARCH SYSTEMS INC.						Date of /10/20		est Trar	saction (	(Mont	h/Day/Year)		below)	EVP, Dealmal		below) & Wealth			
45 GLOVER AVENUE					4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NORWALK CT 06850												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(S	tate)	(Zip)		Ri	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								o a contract, instruction or written plan that is intended to nstruction 10.					
		Tab	le I - N	on-Deri	vative	Sec	urit	ies Ad	quire	d, Di	isposed o	of, or Be	eneficial	ly Owned	t				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,						s Acquired of (D) (Instr	I (A) or . 3, 4 and 5	Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)	ion(s)		(Instr. 4)	
Common Stock 05/10				05/10/2	2024	024					6,215	A	\$189.9	8 11,47	11,477.1117		D		
Common Stock 05/10/2				2024	024			S		6,048	D	\$436.38	5,429.1117			D			
Common Stock 05/10/20				2024	.024					167	D	\$436.9	94 5,262.1117			D			
		Т	able II								posed of converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code ( 8)			6. Date Exercisable Expiration Date (Month/Day/Year)		ate	Amount of		8. Price of Derivative Security (Instr. 5)		Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$189.98	05/10/2024			M			6,215	(2)		11/02/2027	Common Stock	6,215	\$0	0		D		

## Explanation of Responses:

- 1. This transaction was executed in multiple trades with sales prices ranging from \$435.86 to \$436.86. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. Options granted on November 2, 2017 vest 20% annually on the anniversary date of grant and are fully vested after five years.

## Remarks:

/s/ JEFFREY GERSHOWITZ

Attorney in Fact for Goran

05/10/2024

Skoko

\*\* 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.