## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	I pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	-	OMB Number: 3235-0 Estimated average burden hours per response:	0.5
1. Name and Address of Reporting Perso ZIMMEL JOSEPH (Last) (First) C/O FACTSET RESEARCH SYS <sup>2</sup> 45 GLOVER AVENUE	(Middle)	2. Issuer Name and Ticker or Trading Symbol <u>FACTSET RESEARCH SYSTEMS INC</u> [ FDS ] 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2022	5. Relationship of F (Check all applicab X Director Officer (gi below)	10% Owner	fy
(Street) NORWALK CT (City) (State) Tabl	06850 (Zip) le I - Non-Deriva	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed Form filed Person	t/Group Filing (Check Applica by One Reporting Person by More than One Reporting	

1. T	itle of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					Securities Beneficially	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Cor	mmon Stock	06/24/2022		S		1,000	D	\$390.62	1,542	D	

									1	_					
		Tal	ble II - Derivat (e.g., pւ					ired, Disp options, o				-	d		
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. Transa Code ( 8)		of Deriv	r osed ) r. 3, 4	6. Date Exerc Expiration D (Month/Day/	ate	Amou Secu Unde Deriv	rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

## /s/ RACHEL R. STERN,

Attorney in Fact for Joseph R. 06/27/2022

\*\* 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.