FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DICHRISTINA MICHAEL F | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS] | | | | | | | | all applic | or | Perso | 10% Ow | ner |
|---|---|--|--|-------------------------------|------------------------------|---|---|--------|--|------|------------------------|--|--------------------------------------|------------------------|---|--|---|-----------------------|--|
| (Last) (First) (Middle) 601 MERRITT 7 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2007 | | | | | | | | X | Officer (give title below) President & | | t & C | Other (specify below) | |
| (Street) NORWALK CT (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (=-9) | | | | on-Deri | vativ | e Se | curit | ies Ac | quired | , Di | sposed o | f, or Be | neficia | ally (| Owned | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transa Date (Month/D | action | 2A Ex r) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securitie | s Acquired (A) or of (D) (Instr. 3, 4 ar | | | 5. Amou Securitie Benefici Owned F | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 | tion(s) | | (| Instr. 4) |
| FactSet Common Stock 10/01 | | | | | | 007 | | | M | | 65,000 | A | \$23.0 | 833 | 190 | ,979 | | D | |
| FactSet Common Stock 10/01/2 | | | | | /2007 | | | | M | | 35,000 | A | \$22.8 | 333 | 225 | 5,979 | | D | |
| FactSet Common Stock 10/01/2 | | | | | /2007 | 007 | | | S | | 65,000 | D | \$68.4 | 507 | 160 |),979 | | D | |
| FactSet Common Stock 10/01/2 | | | | | /2007 | 007 | | | S | | 35,000 | D | \$68.4 | 507 | 125 | 5,979 | | D | |
| | | - | Table II | | | | | | | | oosed of, convertil | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (8) | | | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V | | (D) | Date Exercisa | ıble | Expiration Date | Title | Amoun or Numbe of Shares | per | | | | | |
| FactSet Common Stock | \$23.0833 | 10/01/2007 | | | M | | | 65,000 | 11/10/20 | 000 | 11/10/2009 | FactSet Common Stock | 65,00 | 0 : | \$68.99 | 272,615 | 5 | D | |
| FactSet Common | \$22.8333 | 10/01/2007 | | | M | | | 35,000 | 11/13/20 | 001 | 11/13/2010 | FactSet Common | 35,00 | 0 = | \$68.99 | 237,615 | , [| D | |

Explanation of Responses:

Michael F. DiChristina

10/02/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).