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 3235-0287 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

| 1. Name and Address of Reporting Person* HADLEY PHILIP A | | | | | <u>F/</u> | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS] | | | | | | | | neck all appl X Direct | icable) or | Reporting Person(s) to Issuer (ble) 10% Owner (specify) | | ner |
|---|---|--|---|---------|-------------------------------|--|--------------------------------------|--------|--|-------|--------------------|---|--|---|---|--|--|--|
| (Last) (First) (Middle) 601 MERRITT 7 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2010 | | | | | | | | X Office below | респу | | | |
| (Street) NORWALK CT (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lir | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ole I - Nor | n-Deriv | vativ | e Se | curitie | s Ac | quired, I | Disp | osed o | f, or Ber | neficia | ly Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/l) | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | xecution Date, any | | Transaction Disposed Code (Instr. 5) | | ies Acquire Of (D) (Inst | | Benefic Owned | es ially Following | Form | : Direct I r Indirect E str. 4) (| 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | Reported Transaction(s) Instr. 3 and 4) | | | | | | |
| FactSet Common Stock 11/08. | | | 8/201 | /2010 | | A | | 4,740 | 1) A | \$0 | 90 | 907,924 | | D | | | | |
| | | | Table II - | | | | | | uired, Di | | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) 3. A. Deem Executior if any (Month/Day | | Date, | 4. Transa Code (I 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | |
| Non- Qualified Stock Option (right to | \$88.4 | 11/08/2010 | | | A | | 27,379 | | 11/08/2012 ⁰ | (2) 1 | 1/08/2017 | FactSet Common Stock | 27,379 | (3) | 289,3 | 86 | D | |

Explanation of Responses:

- 1. Represents a Restricted Stock Award which shall vest over 5 years at a rate of 60% on November 8, 2013 and the remaining 40% on November 8, 2015, subject to continued employment.
- 2. These options shall become exercisable based on the achievement by the issuer of certain financial performance criteria. Options that do not vest at the end of a two-year performance period will be forfeited. Options that become exercisable vest 41.67% after the two-year performance period with the remainder vesting at 1.67% per month thereafter.
- 3. Column 8 has been intentionally left blank

Philip A. Hadley

11/12/2010

** 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.