FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.O. 00F40	
gton, D.C. 20549	OMB APPROVAL
	-

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).

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* Jordan Sheila B						2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS]								(Che	elationship of eck all applications Officer below)	able)	g Pers	on(s) to Iss 10% Ov Other (s below)	vner	
(Last) (First) (Middle) 601 MERRITT 7						3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017									below)			Delow)		
(Street) NORWA	Street) NORWALK CT 06851					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Person														
		Tab	le I - Nor	า-Deriv	/ative	e Se	curitie	s A	cquired	, Dis	posed o	f, or	Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disp Code (Instr. 5)		curities Acquired (A) osed Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(111511.4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	Date,	4. Transa Code (I 8)		of E		6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$170.24	01/13/2017			A		4,208		01/13/202	0 ⁽¹⁾	01/13/2024	Fact Com Sto	mon	4,208	(2)	4,208	3	D		

Explanation of Responses:

- 1. Non-qualified stock options granted to outside Directors cliff vest 100% after three years from the date the options were granted.
- 2. Column 8 has been intentionally left blank.

/s/ Sheila B. Jordan

01/18/2017

** 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.