FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL           |           |  |  |  |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |  |  |  |  |
| 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*  SNYDER CHARLES J                          |   |  |  |                   |                  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS] |     |     |                             |                           |     |             |                           |                     | all app<br>Direc  | olicable)<br>ctor  | g Person(s) to I   | Owner  |
|---|---|--|--|-------------------|------------------|---|-----|-----|-----------------------------|---------------------------|-----|-------------|---------------------------|---------------------|---|--|--|--|
| (Last) (First) (Middle) FACTSET RESEARCH SYSTEMS INC 601 MERRITT 7                  |   |  |  |                   |                  | 3. Date of Earliest Transaction (Month/Day/Year) 07/10/2007                           |     |     |                             |                           |     |             |                           | 6 Indi              | belov   |  | below  |  |
| (Street) NORWALK CT 06851  (City) (State) (Zip)                                     |   |  |  |                   | 4. 11 .          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                              |     |     |                             |                           |     |             |                           | Line)               | lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |  |
| Table I - Non-Derivat  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |  |  |                   | ction            | tion 2A. Deemed Execution Date,   |     |     | 3. Transaction Code (Instr. |                           |     | es Acqu     | ired (A)                  | or                  | 5. Amo<br>Securi<br>Benefi  | ount of  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |
| FACTSET COMMON STOCK 07/10/20   |   |  |  |                   |                  | 2007  |     |     | Code                        | v                         | (D) |             | rice<br>663.72            | (Instr.             | ted<br>action(s)<br>3 and 4)  | D  | (Instr. 4)   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  |  | Derivative.g., pu | ve Se<br>its, ca | re Secur<br>s, calls,<br>ransaction<br>ode (Instr.                                    |     |     |                             | ired, Dispo               |     | or Benefici |                           | 8. P Deri Sec (Ins: |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | f 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  |                   | Code V           |   | (A) | (D) | Date<br>Exercisa            | Expiration<br>ble Date Ti |     | Title       | or<br>Numb<br>of<br>Share |                     |   |  |  |  |

**Explanation of Responses:** 

Charles J. Snyder

07/10/2007

\*\* 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.