FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
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0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirma

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Karnovsky Kristina W</u>				FA	2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) 45 GLOV	(First) (Middle) VER AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024										below) EVP, Dealmakers & Wealth					
(Street) NORWALK CT 06850 (City) (State) (Zip)					-	If Amendment, Date of Original Filed (Month/Day/Year) Ative Securities Acquired, Disposed of, or Beneficents									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. 4. S Transaction Disp Code (Instr. 5)		4. Securit	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic	int of es ally Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Pri		rice	Transac	ensaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock 11				11/01	1/2024	/2024		A		1,054	4 ⁽¹⁾ A		\$0	2,667.5469]	D			
Common Stock				11/01	01/2024				F		425 ⁽²⁾ D \$4		\$458.8	3.8 2,242.5469]	D			
		Т	able II -								osed of				Owned					
Security or Exerci (Instr. 3) Price of	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable Expiration Date (Month/Day/Year)			ble and 7. Title and Amount of		urity	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Filly C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal:		xpiration ate	Title	or Nu of	ount mber ares						
Employee Stock Option	\$458.8	11/01/2024			Α		3,757		(3)	1	1/01/2034	Commor	3	757	\$0	3,757		D		

Explanation of Responses:

- 1. Represents common stock received upon the vesting on November 1, 2024, of performance share units ("PSUs") granted on November 1, 2021. Each PSU converted into 1.275 shares of common stock upon vesting based on the Company's performance during the three-fiscal year period beginning September 1, 2021 and ending August 31, 2024 (the "Performance Period") measured against performance goals established for the Performance Period based 50% on the Company's adjusted cumulative operating earnings and 50% on the Company's adjusted cumulative revenues during the Performance Period.
- 2. Represents the number of shares withheld to cover the cost of taxes upon vesting on November 1, 2024, of PSUs granted on November 1, 2021.
- 3. Options vest 20% annually on the anniversary date of the grant and are fully vested after five years.

Remarks:

/s/ JEFFREY GERSHOWITZ 11/04/2024 Attorney in Fact for Kristina W. Karnovsky

Date

** Signature of Reporting Person

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.