Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person\*

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

KENNEDY KIERAN M.							FACTSET RESEARCH SYSTEMS INC [ FDS ]									Directo Officer	-		10% Ov Other (s			
(Last) (First) (Middle) 601 MERRITT 7						3. Date of Earliest Transaction (Month/Day/Year) 09/25/2009									X Officer (give title Offier (specify below)  Senior Vice President							
(Street) NORWALK CT 06851					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City) (State) (Zip)						ative Securities Acquired, Disposed of, or Beneficially Owne																
1. Title of Security (Instr. 3) 2. Tran: Date				. Transaction ate			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			) or	5. Amou Securitie Beneficia Owned F	nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)		
FactSet Common Stock					09/25/2009					M		720	A \$		<b>514.97</b>	17,713		D				
FactSet Common Stock					09/25/2009				$\perp$	M		10,97	74 A		24.49	28,	,687	587 D				
FactSet Common Stock				09/2	09/25/2009					M		10,020	10,020		\$29	38,707		707 D				
FactSet Common Stock 0					25/200	9				S		21,71	1,714 D		66.01	16,993		03 D				
		•	Table II -									osed of, onvertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of E		Exp	5. Date Exercisable a Expiration Date Month/Day/Year)			od 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	te ercisab		Expiration Date	Title	or Nu of	mber ares							
Non- Qualified Stock Option (right to buy)	\$14.97	09/25/2009			M			720	10/	/07/200	)3 1	0/07/2012	FactSe Commo Stock		20	(1)	129,81	7	D			
Non- Qualified Stock Option (right to buy)	\$24.49	09/25/2009			M			10,974	01/	/22/200	)5 C	01/22/2014	FactSe Commo Stock		,974	(1)	118,84	3	D			
Non- Qualified Stock Option (right to buy)	\$29	09/25/2009			M			10,020	04/	/20/200	)6 C	14/20/2015	FactSe Commo Stock		,020	(1)	108,82	3	D			
Non- Qualified Stock Option (right to buy)	\$59.36	09/29/2009			J			19,807		(2)		(2)	FactSe Commo Stock		,807	\$59.36	89,016	5	D			

## **Explanation of Responses:**

- 1. Column 8 has been intentionally left blank because the transaction was an exercise of a derivative security.
- 2. This performance-based employee stock option grant was forfeited as the issuer did not achieve certain financial performance criteria during the two-year performance period ending August 31, 2009.

Kieran M. Kennedy

09/29/2009

\*\* 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.