Instruction 1(b).

FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| 1 | hours per response: | 1.0 | | | | | | | |

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | liou | 10 pci i | соропос. | 1.0 | |
|---|---|--|---|--|---|---|---------------|--|----------------------------|---|--|--|---|---|---|--|---|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Exchar ompany Act | | | | | | | | | |
| 1. Name and Address of Reporting Person* HADLEY PHILIP A | | | | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS] | | | | | | | 5. Relationship of Repo (Check all applicable) X Director | | | . , | | Owner | | |
| (Last) (First) (Middle) 601 MERRITT 7 | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2010 | | | | | | /Year) | X | X Officer (give title below) Other (specify below) CEO & Chairman | | | | | | |
| (Street) NORWALK CT | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | Person | | | | | | | | | | | | | | |
| | | Table | e I - Non-Deriv | ative Sec | uriti | es Ac | quire | ed, Di | sposed o | of, or | Benefic | ially | Owne | ed | | | | |
| , , , , , , , , , , , , , , , , , , , | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Dispose | Securit Benefic | | es | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Amour | nt (| (A) or (D) | Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| FactSet Common Stock 02/28/2010 | | | 02/28/2010 | A | | | 13 | 37(1) | A \$56.27 | | !7 | 1,032,963 | | D | | | | |
| FactSet Common Stock | | | 05/28/2010 | | | A | | 153(1) | | A | \$57.46 | | 1,033,116 | | D | | | |
| FactSet Common Stock | | | 08/31/2010 | | A | | <u> </u> | 6 | 8(1) | A | \$57.3 | \$57.3 | | 1,033,184 | | D | | |
| | | Ta | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | Expir (Mon | te Exercisable and ration Date th/Day/Year) Expiration cisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | De Se (In: | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |

Explanation of Responses:

1. Shares acquired through the FactSet Research Systems Inc. Employee Stock Purchase Plan.

Philip A. Hadley

09/24/2010

** 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.