## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

## OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting Person(s) to Issuer         LAIRD JOSEPH E JR       (Middle)       601 MERRITT 7       5. Relationship of Reporting Person(s) to Issuer         (Last)       (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       5. Relationship of Reporting Person(s) to Issuer         (Street)       NORWALK       CT       06851         (City)       (State)       (Zip)       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicable Line)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
LAIRD JOSEPH E JR       FACTSET RESEARCH SYSTEMS INC [ FDS ]       (Check all applicable)         (Last)       (First)       (Middle)         601 MERRITT 7       3. Date of Earliest Transaction (Month/Day/Year)       Officer (give title Dother (specify below)         (Street)       NORWALK       Offices 1       Offices 2         NORWALK       CT       06851       6. Individual or Joint/Group Filing (Check Applicable Line)	(City)	(State)	(Zip)			,	an One Reporting			
LAIRD JOSEPH E JR       FACTSET RESEARCH SYSTEMS INC [ FDS ]       (Check all applicable)       X       Director       10% Owner         (Last)       (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       Officer (give title below)       Other (specify below)			06851	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	Form filed by One Reporting Person				
	(Last)	(First)	(Middle)	FDS ] 3. Date of Earliest Transaction (Month/Day/Year)		Director Officer (give title	Other (specify			
	1. Name and Address of Reporting Person*			5 5						

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed3.Execution Date,Transactionif anyCode (Instr.(Month/Day/Year)8)						5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(iiisti: 4)
FactSet Common Stock	04/17/2017		S		1,000	D	\$1 <mark>60</mark>	10,000	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 1. Title of 9. Number of 7. Title and 8. Price of Derivative 11. Nature 3. Transaction 3A. Deemed 5. Number 10. Derivative Security (Instr. 3) Transaction Code (Instr. 8) Amount of Securities Conversion Execution Date, derivative Ownership of Indirect Date (Month/Day/Year) of Derivative Security (Instr. 5) or Exercise if anv Securities Form: Beneficial Beneficially Owned Price of Derivative (Month/Day/Year) Securities Underlying Direct (D) Ownership (Instr. 4) Acquired (A) or Disposed or Indirect (I) (Instr. 4) Derivative Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Expiration Date of v Code (A) (D) Exercisable Date Title Shares

Explanation of Responses:

/s/ Joseph E. Laird, Jr.

04/17/2017 \*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.