FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | | |
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hours per response:

| Check this box if no longer subject to |
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| 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 affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* SIEGEL LAURIE (Last) (First) (Middle) C/O FACTSET RESEARCH SYSTEMS INC. 45 GLOVER AVENUE (Street) NORWALK CT 06850 | | | | | | Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS] 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. lı | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) G. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
|---|--|------------|--------------------------------------|-------|---------|--|-----|--------------|-------------|---------------|---|---|--|-------------------|--|---------------|--|---|---|---------|
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | 2. Trans Date (Month/I | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | (A) or 3, 4 and | Benefici | es ally Following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | mount (A) | | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (50. 4) |
| Common Stock 01 | | | | 01/15 | 5/2025 | 2025 | | \dashv | A | | 278(| 78 ⁽¹⁾ A | | \$ <mark>0</mark> | 1, | 1,037 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | | ecurity 1) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisabl | | xpiration ate | Title | or No of | umber | | | | | |
| Non- Employee Director Stock Option (right to buy) | \$453.98 | 01/15/2025 | | | A | | 518 | | | (2) | 0 | 1/15/2032 | Commo Stock | | 518 | \$0 | 518 | | D | |

Explanation of Responses:

- 1. Restricted stock units granted to non-employee Directors cliff vesting 100% on the first anniversary of the date of grant.
- 2. Options granted to non-employee Directors cliff vesting 100% on the first anniversary of the date of grant.

Remarks:

/s/ JEFFREY GERSHOWITZ.

Attorney in Fact for Laurie

<u>Siegel</u>

** Signature of Reporting Person

01/17/2025

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.