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

Washington,	D.C.	20549	
		_00.0	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL								
	OMB Number: 3235-0								
	Estimated average burden								
1	hours per response:	1.0							

Instruction 1(b).

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)	uts, calls, 4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) o Disp of (D	umber vative urities uired or osed) r. 3, 4	6. Date Expiration (Month/) sed 3, 4		ate Exercisable and iration Date nth/Day/Year)		ion Date Amou Day/Year) Secur Under Deriva Secur		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbo		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
		Ta	able II - Derivat										Owned			,			
FactSet Co	ommon Sto	ck	08/31/2007			A		65	5(1)	A \$50.94		9405	5 57,595			D			
FactSet Co	ommon Sto	ck	05/31/2007			A		73	3 ⁽¹⁾	A	\$5	1	57	,530		D			
FactSet Co	ommon Sto	ck	02/28/2007			A		92	2(1)	A	\$45.	237	57	,457		D			
FactSet Common Stock 11/30/200		11/30/2006			A		36(1)		A	\$37.9355		57,365			D				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquir (D) (Instr. 3, 4 and 5) Amount (A			A) or Price		Issuer's	es ially at end of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			e I - Non-Deriv		_		quir	-	-	-			_			1.			
(City) (State) (Zip)													Pers			an one re	portung		
NORWAI	LK CT	,										1	X Form filed by One Reporting Person Form filed by More than One Reporting						
(Street)				4. If Amen	dmen	t, Date	of Oriç	ginal File	ed (Month/l	Day/Ye	ar)	6. In		r Joint/Gro	up Fili	ng (Check	Applicable		
(Last) (First) (Middle) 601 MERRITT 7				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2007								Senior Vice President							
				FDS]	FDS]						>	Office below	er (give title	е		Owner r (specify v)			
Name and Address of Reporting Person* FRANKENFIELD MICHAEL D				2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Form 4	Transactions R	eported.	File	1	1 30(h) of the	Ínves	tment C	ompany A										
Form 3	Holdings Repo	rted.													о рог		2.0		

Explanation of Responses:

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

Michael D. Frankenfield

10/17/2007

** 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.