FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*					2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC (Check all applicable)															
Snow Frederick Philip																X Director		10% Own		vner
(Last) (First) (Middle)					FD	FDS ]										Officer below)	(give title		Other (s	pecify
` ′	,	,	` ,			3. Date of Earliest Transaction (Month/Day/Year)										Chief Executive Officer				
C/O FACTSET RESEARCH SYSTEMS INC.					09/	09/03/2019														
601 MERRITT 7						f Ame	ndmei	nt Date	of (	Original I	Filed	(Month/D	6 In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					"	. ,	, i di i i ci	ni, Date	01 (	Originari	iica	(World #B	Line	Line)						
NORWALK CT 06851														] 2		Form filed by One Reporting Person				
,																Form f Perso		e thar	n One Repo	rting
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ar)   i	Executi f any	. Deemed ecution Date, any onth/Day/Year)		Transaction Dispos Code (Instr. 5)		4. Securi Disposed 5)	ties Acqu d Of (D) (I	ired ( <i>F</i> nstr. 3	A) or , 4 and		es Foi ially (D)		n: Direct	7. Nature of Indirect Beneficial Ownership	
							, , ,			Code	v	Amount (A) or (D) Pr		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 09/03/					3/2019	19 м 1,186		6 A	. :	\$92.22	4,980			D						
Common Stock 09/03/2					3/2019	2019			S <sup>(1)</sup>		1,186 D \$		\$270.3	3,794			D			
		Ţ	able II -													Owned	•		<u> </u>	
				(e.g., p	uts,	call	s, wa	rrants	s, c	option	s, c	onverti	ble se	curit	ies)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate kercisable		xpiration ate	Title	or Nu of	mber ares					
Employee Stock Option (right to buy)	\$92.22	09/03/2019			М			1,186		(2)	1	1/01/2022	Commo Stock	¹ 1,	186	\$0	2,402		D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 Plan adopted by Mr. Snow on October 1, 2018, with an effective date of January 1, 2019, in order to facilitate his exercise of non-qualified stock options. Accordingly, Mr. Snow had no discretion with regard to the timing of the transaction.
- 2. Options were granted on November 1, 2012 and vest over a 5 year period with 20% exercisable one year after the grant date, with the remainder vesting at a rate of 1.67% per month thereafter.

/s/ F. Philip Snow

09/04/2019

\*\* 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.