FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

Name and Address of Reporting Person* THOMAS TOWNSEND						2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
THOMAS TOWNSEND					FDS]								Director			10% Ow	·	
(Last) (First) (Middle)					_							_	below)	(give title	below)		pecity	
FACTSET RESEARCH SYSTEMS INC					Date of Earliest Transaction (Month/Day/Year)								Chief Content Officer					
601 MERRITT 7					08/14/2006													
					4. If Amandment, Date of Original Filed (Manth/Dat/No.1)								6 Individual or Jaint/Croup Filing (Check Applicable					
(Stroot)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NORWALK CT 06851											X Form filed by One Reporting Person							
NORWALK CI		. 00051												led by More than One Reporting			ing	
(City) (State) (Zip)												Person						
		Ta	ble I - Non-l	Derivat	ivo Sa	ocuritios	Δ.ς.	nuired D	ien	need of	or Ren	oficial	v Owned					
					_				ıσμ		-		-			1-		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s Illy	Form:	: Direct I Indirect E	7. Nature of Indirect Beneficial Ownership			
						(\dashv	Amount	(A) or D		Reported Transaction(s)		(,, ((Instr. 4)	
							Code V Amount (A) or Pri			Price	(Instr. 3 a	and 4)						
			Table II - D										Owned					
(e.g., puts, calls, warrants, options, convertible securities)																		
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/Ye	Code (Inst				6. Date Exercisable Expiration Date (Month/Day/Year)		9	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
												Amount	1	Transaction(s)				
												or Number						
				Code	l _v	(A)	(D)			Expiration Date	Title	of Shares						
		-		Coue	+	(~)	(5)	LXCICISADI	+	Jace	Title	Silaies	<u> </u>					
FactSet Common Stock Option (right to buy)	\$15.02	08/14/2006		A		9,987 ⁽¹⁾		08/14/2007	7 (08/14/2013	FactSet Common Stock	9,987	\$0.00	136,86	67	D		
FactSet Common Stock Option (right to buy)	\$16.63	08/14/2006		A		15,033 ⁽²⁾		08/14/2007	7 (08/14/2013	FactSet Common Stock	15,033	\$0.00	151,90	00	D		

Explanation of Responses:

- $1.\ Twenty percent of this option grant is exercisable one year after the grant date, with the remainder vesting at a rate of 1.67\% per month thereafter.$
- 2. This option shall become exercisable based on the achievement by the issuer of certain financial performance criteria. Options that do not vest at the end of a two-year performance period will be forfeited. Options that become exercisable vest 41.67% after the two-year performance period with the remainder vesting at 1.67% per month thereafter.

Townsend Thomas

08/29/200

** Signature of Reporting Person

Date

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

- * 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.