FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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STATEMENT	OF CHAI	NGES IN	BENEFICIAL	<b>OWNERSHIP</b>
_			_	-

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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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*     Choy Siew Kai						2. Issuer Name <b>and</b> Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Choy blew Rui						FDS ]								:	X Directo	or		10% Ov	vner		
(Last)	(Fi	irst)	(Middle)		<u> </u>	-							-	Officer below)	(give title		Other (s below)	pecify			
C/O FACTSET RESEARCH SYSTEMS INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/18/2022															
45 GLOVER AVENUE					01/	01/10/2022															
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																•	iled by One	e Ren	orting Perso	n	
NORWA	LK C	Γ	06850													Form filed by More than One Reporting					
,																Persor					
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Ins	tr. 3)		2. Trans	action					3.			ities Acqu			5. Amou				7. Nature	
				Date (Month/I	Day/Yea	ar) 🛚 i	Execution Date, if any			Code (Instr. 5					, 4 and	Benefici	ally	(D) o	r Indirect	of Indirect Beneficial	
						(Month/Day/Year			ar)							Reported			) (Instr. 4)	Ownership (Instr. 4)	
										Code	٧	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)					
Common Stock 01/18/					3/2022	/2022			A		248 <sup>(1)</sup> A		\$0	248			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., p	uts, (	call	s, war	rant	s, c	ption	s, c	onverti	ble se	curiti	es)						
1. Title of	2.	3. Transaction	3A. Deeme		4.			ımber		Date Exe		ble and	7. Title a			8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution if any	·	Transactio Code (Inst		tr. Derivative		Expiration Date (Month/Day/Year			)	) Securities			Derivative Security	Securitie	s	Ownership Form:	Beneficial	
(Instr. 3)	y/Year)	8)		Securities Acquired						Underlying Derivative Sec		urity	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)				
			(A) o						(Instr. 3	and 4)			Following Reported		(I) (Instr. 4)	'					
							of (D) (Instr. 3, 4										Transaction(s) (Instr. 4)	on(s)			
							and 5)										(5 4)				
														Amor	ount						
									Da	**	_	piration			nber						
					Code	v	(A)	(D)		ercisable		ate	Title	Sha	ires						
Non-																					
Employee Director													Commo	,   _							
Stock Option	\$428.71	01/18/2022			A		963			(2)	01	/18/2029	Stock	1 9	63	\$ <mark>0</mark>	963		D		
(right to																					

## **Explanation of Responses:**

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

## Remarks:

/s/ RACHEL R. STERN,

Attorney in Fact for Siew Kai 01/20/2022

<u>Choy</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.