FORM 5

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington, D.C. 20
Check this box if no longer subject to	

ashington,	D.C.	20549
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0362 Estimated average burden hours per response: 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported. 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-

	dress of Reporting Pe		2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Moskoff G	<u>regory T</u>	1	FACTSET RESEARCH SYSTEMS INC [Director	% Owner					
(Last) (First) (Middle) C/O FACTSET RESEARCH SYSTEMS INC. 45 GLOVER AVENUE			- LD9]	FDS]						ner (specify low)			
				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				MD,Controller and CAO					
			08/31/2024	08/31/2024									
			4. If Amendmen	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable				
(Street)	CT.	06850					Lir	Line) Form filed by One Reporting Person					
NORWALK	CT						Form filed by More than One Reporting						
(City)	(State)	(Zip)					Person						
	Ta	able I - Non-Deriv	ative Securiti	es Acquire	ed, Dispose	ed of, o	r Benefici	ally Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership			
			(монилдаулеат)		Amount	(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stoc	k	09/21/2023		J (1)	0.2185	A	\$426.76	64.3564	D				
Common Stoc	k	11/30/2023		J ⁽²⁾	7.1395	Α	\$370.16	71.4959	D				
Common Stoc	k	12/21/2023		J (1)	0.2136	A	\$470.18	71.7095	D				
Common Stoc	k	02/29/2024		J ⁽²⁾	8.0804	A	\$386.89	79.7899	D				
				J (1)	0.2409	A	\$450.66	80.0308	D				
Common Stoc	k	03/21/2024		J(1)	0.2107		Ψ+30.00	00.0300					
Common Stoc		03/21/2024 05/31/2024		J ⁽²⁾	7.7983	A	\$343.62		D				
	k			<u> </u>			,	87.8291	D D				

	(e.g., puts, calls, warrants, options, convertible securities)												
De Se	Title of rivative curity str. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Exercisable

Explanation of Responses:

- 1. Shares acquired through dividend reinvestment purchases under the FactSet Research Systems Inc. Employee Stock Purchase Plan.
- 2. Reflects the acquisition of shares pursuant to the FactSet Research Systems Inc. Employee Stock Purchase Plan.

Remarks:

/s/ JEFFREY GERSHOWITZ, 09/16/2024 Attorney in Fact for Gregory T. Moskoff

** Signature of Reporting Person

Amount or Number of Shares

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.

(D) (A)