FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington.	D.C.	20549)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., pi 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Num of Derive Secun Acqui (A) or Dispo of (D) (Instr. and 5	mber ative rities ired sed	6. Da	tions, convertib		7. Tit Amo Secu Unde	tle and unt of urities erlying vative urity (Instr. 3	8. Pı Deri Seci	Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
	3 200		 ble II - Derivat			Acqu	ired	, Disp	osed of	, or B	eneficiall				<u> </u>		
	ommon Sto		08/31/2013 08/31/2013			A.		<u> </u>	17	A A	\$83.7 \$0 ⁽²⁾	, -					
	ommon Sto		05/31/2013		\dashv	A.		_	7 ⁽¹⁾	A	\$82.67	-		,135		D	
FactSet Co	ommon Sto	ck	02/28/2013		_	A	4	<u> </u>	7(1)	A	\$78.56	5 35,128 D					
FactSet Co	ommon Sto	ck	11/30/2012			A	4		5(1)	A	\$78.53	3	35	,121	D		
			(Month/Day/Year)	if any (Month/Day/Year)		Code (Instr. 8)		Amour	(A) or		Price	Benefi Owned Issuer		ally at end of	Form: Direct (D) or Indirect (I) (Instr. 4)	ı: Direct I r ect (I) (Beneficial Ownership (Instr. 4)
1. Title of Security (Instr. 3) 2. Transaction Date				2A. Deemed					<u> </u>					7. Nature of			
(City)	(Sta	ate) (2	Zip)										Pers				, - 3
(Street) NORWALK CT 06851				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(Last) 601 MER	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2013							/Year)	below) below) Executive Vice President & COO								
Name and Address of Reporting Person* Walsh Peter G				2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify					Owner (specify	
X Form 4	Transactions R	teported.	File	ed pursuant to or Section					ities Excha ompany Ac								
Form 3	Holdings Repo	rted.													рег і	соропос.	1.0

Explanation of Responses:

- $1.\ Shares\ acquired\ through\ the\ FactSet\ Research\ Systems\ Inc.\ Employee\ Stock\ Purchase\ Plan.$
- 2. The share price in Column 4 has been intentionally left blank because these shares were acquired through a dividend reinvestment plan during fiscal 2013.

/s/ Peter G. Walsh

10/07/2013

** 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.