FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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*     Huber Linda     (Last) (First) (Middle)      45 GLOVER AVENUE					FA FD 3. 0	2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS ]  3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021  5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, Chief Financial Officer											vner specify			
(Street) NORWA (City)		tate)	06850 (Zip)	n-Deriv	***	If Amendment, Date of Original Filed (Month/Day/Year)      tive Securities Acquired, Disposed of, or Benefice						Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
1. Title of Security (Instr. 3)			2. Trans	action			3. Tr C( ar) 8)	3. 4. Secur Transaction Dispose Code (Instr. 5)		rities Acquired (A) od Of (D) (Instr. 3, 4		A) or	5. Amou Securition Benefici Owned I Reporter Transaci	Form (D) or (I) (In on(s)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock				11/0	1/202	/2021			A		1,754	1,754 <sup>(1)</sup> A		\$0	+	1,754		D		
		7	able II -									sed of				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	epiration ate			ımber					
Employee Stock Option (right to	\$434.82	11/01/2021			A		7,325		(	(2)	11	/01/2031	Commo Stock	n 7,	,325	\$0	7,325	;	D	

## Explanation of Responses:

- $1. \ Restricted \ stock \ units \ vest \ 1/3 \ annually \ on \ the \ anniversary \ date \ of \ the \ grant \ and \ are \ fully \ vested \ after \ three \ years.$
- 2. Options vest 20% annually on the anniversary date of the grant and are fully vested after five years.

## Remarks:

/s/ RACHEL R. STERN,

Attorney in Fact for Linda S.

11/03/2021

<u>Huber</u>

\*\* 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.