FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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*     Stepp Katherine M  (Last) (First) (Middle)							Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS]      Date of Earliest Transaction (Month/Day/Year)								Relationship of Reporting Person(     (Check all applicable)				
45 GLOVER AVENUE						09/29/2023								Chief Technology Officer (CTO)					
(Street) NORWA	LK C	Γ	06850		_   4. I1 _	f Amer	ndmer	nt, Date	of Origin	nal Fil	ed (Month/D	Lin	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - N	on-Deri	vative	Sec	uriti	ies Ac	quire	d, Di	sposed o	f, or Be	neficial	ly Owned	t				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution					es Acquired (A) or Of (D) (Instr. 3, 4 and !		Benefic	es ially Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111501.4)	
Common Stock 09/29/2				2023	23			M		1,805	A	\$152.1	2,25	6.1019		D			
Common Stock 09/29/20				2023	023			S		1,805	D	\$444.85	<sup>(1)</sup> 451	.1019		D			
		Т	able II								posed of converti			Owned					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year)			4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$152.1	09/29/2023			М			1,805	(2)		05/16/2026	Common Stock	1,805	\$0	0		D		

## Explanation of Responses:

- 1. This transaction was executed in multiple trades with sales prices ranging from \$444.28 to \$445.25. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. Options granted on May 16, 2016 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 Katherine 10/02/2023

M. Stepp

\*\* 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.