SEC Form 4	
------------	--

 $\square$ 

### 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

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

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

(Last)       (First)       (Middle)         C/O FACTSET RESEARCH SYSTEMS INC.       3. Date of Earliest Transaction (Month/Day/Year)       SVP, Controller, PAO         601 MERRITT 7       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicat Line)         (Street)       NORWALK       O6851       Form filed by One Reporting Person Form filed by More than One Reporting				or becaution be(if) of the investment company , for or 1040				
C/O FACTSET RESEARCH SYSTEMS INC.       3. Date of Earliest Transaction (Month/Day/Year)       SVP, Controller, PAO         601 MERRITT 7       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicat Line)         (Street)       X       Form filed by One Reporting Person         NORWALK       O6851       Form filed by More than One Reporting	Moskoff Gre	egory T		FACTSET RESEARCH SYSTEMS INC [	(Chec	k all applicable) Director Officer (give title	10% Owner Other (specify	
(Street) NORWALK CT 06851	C/O FACTSET	Γ RESEARCH SYSTEMS INC.				SVP, Controller, PAO		
(City)     (State)     (Zip)	NORWALK			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	Form filed by One Re	eporting Person	

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities / Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 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. Transa Code ( 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed sed 3, 4	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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$255.87	11/01/2019		A		1,039		(1)	11/01/2029	Common Stock	1,039	\$0	1,039	D	

Explanation of Responses:

1. Options vest 20% annually on the anniversary date of the grant and are fully vested after five years.

### /s/ Gregory T. Moskoff

<u>11/05/2019</u>

\*\* Signature of Reporting Person

Date

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

 $\ast$  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.