FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wası	hington	, D.C.	20549	

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

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Skoko Goran (Last) (First) (Middle)					FA FD 3. E	Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC FDS] 3. Date of Earliest Transaction (Month/Day/Year)									ationship of Reporting k all applicable) Director Officer (give title below) EVP, Wealt!			10% Ov Other (s below)	vner
C/O FACTSET RESEARCH SYSTEMS INC.				07/	07/10/2020														
45 GLOVER AVENUE						f Amor	dmor	nt Data	of Origin	ad Eil	ed (Month/Da	- 6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					_ 4. 11	Amer	lumei	ni, Dale	oi Origii	iai Fii	eu (Month/D	ay/rear)		ne)	nuuai oi .	Johnveroup) HIIII (у (Спеск Ар	plicable
NORWA	LK C	Γ	06850											X	Form f	filed by One	e Rep	orting Perso	n
				_										Form filed by More than One Reporting Person					
(City)	(St	tate)	(Zip)																
		Tab	le I - N	on-Deriv	vative	Sec	urit	ies Ac	quire	d, Di	isposed c	of, or Be	neficia	ally	Owned	t c			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				on 2A. Deemed Execution Date,		3. 4. Securities Transaction Disposed O Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 an		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 4) (Instr. 4)					(Instr. 4)
Common	mon Stock 07/10/2020				2020)		М		3,000	A	\$131.	1.31 6,3		63.4543		D		
Common	Stock			07/10/	2020	\top			S		3,000	D	\$350.5	6(1)	3,36	3.4543	D		
		Т	able II						,		posed of converti			•	wned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)		Fransaction Code (Instr.		of		6. Date Exercisi Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		De Se (In	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Option (right to buy)	\$131.31	07/10/2020			M			3,000	(2)		11/03/2024	Common Stock	3,000		\$0	982		D	

Explanation of Responses:

- 1. This transaction was executed in multiple trades with sales prices ranging from \$350.19 to \$350.75. 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 were granted on November 3, 2014 and vest over a five year period with 60% exercisable on the third anniversary of the date of grant and 40% exercisable on the fifth anniversary of the date of

Remarks:

/s/ RACHEL R. STERN,

Attorney in Fact for Goran 07/14/2020

** 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.