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

| _ | _ | _ | | |
|---|---|-------------|------|-------|
| | | Washington, | D.C. | 20549 |

| Vashington. | D.C. | 20549 |
|-------------|------|-------|

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | OMB APPROVAL | | | | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0362 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

| | | | 08/31/2022 | ı | J ⁽¹⁾ | 17.8810 | A | \$318.4 | 400.2267 | D | 1 | | | | |
|---|--|------------------|----------------------------|--------------------|---|---|-----------|--|--|---|---------------------------------|--|--|--|--|
| Common Stock 06/16/2022 Common Stock 08/31/2022 | | | | J(2) J(1) | ,,, | | \$348.71 | 382.3451 | D | | | | | | |
| Common | Common Stock 05/31/2022 J ⁽¹⁾ 20.4689 A | | | | A | \$324.51 | 381.8605 | D | | | | | | | |
| | | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | Amount | (A) or (D) | Price | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |
| 1. Title of Se | ecurity (Instr. | | e I - Non-Deriv | 2A. Deemed | 3. | ed, Dispose 4. Securities Ad Of (D) (Instr. 3, | quired (A | | , | 6. Ownership | 7. Nature of | | | | |
| (City) | (S | tate) | (Zip) | | | | | Person | | | | | | | |
| (Street) NORWALK CT 06850 | | | | | · | · | Í | Lin | e) X Form filed by Form filed by | One Reporting More than One | Person | | | | |
| Costigan John (Last) (First) (Middle) FACTSET RESEARCH SYSTEMS INC. 45 GLOVER AVENUE | | | | 08/31/2022 | FACTSET RESEARCH SYSTEMS INC [FDS] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 08/31/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | dividual or Joint/Group Filing (Check Appli | | | | | |
| | | | | FDS] | | | | | | tle Ot | % Owner ner (specify low) | | | | |
| Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Form 4 | 3 Holdings Rep 4 Transactions | Reported. | | <u> </u> | n) of the Inves | tment Company | Act of 19 | 40 | | | | | | | |

| 1. Iftle of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ittle 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) | Ownership Form: Direct (D) | of Indirect Beneficial Ownership (Instr. 4) |
|---|---|---|-----------------------------------|-----|-----|--|--------------------|---|--|---|--|----------------------------------|--|
| | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

- 1. Reflects the acquisition of shares pursuant to the FactSet Research Systems Inc. Employee Stock Purchase Plan.
- 2. Shares acquired through dividend reinvestment purchases under the FactSet Research Systems Inc. Employee Stock Purchase Plan.

Remarks:

/s/ RACHEL R. STERN,

Attorney in Fact for John 09/16/2022

Costigan

** 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.