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 | | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* Nicolelli Maurizio | | | | | FA | 2. Issuer Name and Ticker or Trading Symbol FACTSET RESEARCH SYSTEMS INC [FDS] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) | | | | | wner |
|--|---|---|--|---------|--|--|------|-----|---|---------------------------------|-----------|------------------|---|---|--|--|-------------|--|---|--|--|
| (Last) 601 MEI | | 3. Date of Earliest Transaction (Month/Day/Year) 04/13/2016 | | | | | | | | | | | Chief Financial Officer | | | | | | | | |
| (Street) NORWA | LK C | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | Perso | n , | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | | 3. Transac Code (li 8) | | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | and 5) Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A (D |) or) | Price | Report Transa (Instr. | | | | | (Instr. 4) | | | |
| FactSet C | Common Sto | /2016 | 016 | | | | M | | 367 | | A | \$66 | \$66.46 | | 4,046 | | D | | | | |
| FactSet Common Stock 04/13/2 | | | | | | | .016 | | | S | | 367 | D \$1: | | \$150 | .53 3,679 | | | D | | |
| | 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. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Prid Deriv Secui (Instr | tive ity | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da [*] | ate kercisabl | | xpiration ate | Title | 1 | Amount or Number of Shares | 1 | | | | | |
| Non- Qualified Stock Option (right to | \$66.46 | 04/13/2016 | | | М | | | 367 | 10 | 0/23/2010 | 0 1 | 0/23/2016 | FactS Comm Stock | on | 367 | (1 | | 49,603 | | D | |

Explanation of Responses:

buy)

/s/ Maurizio Nicolelli 04/14/2016

** 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).

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.

^{1.} Column 8 has been intentionally left blank because the transaction was an exercise of a derivative security.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).