Edgar Filing: DICHRISTINA MICHAEL F - Form 4

| DICHRISTINA MICHAEL F Form 4 | | | | | | | | | |
|---|--|---|----------------------------|-------------|---|--|--|-----------|--|
| April 22, 2005 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | т | OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject toSTATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16.Section 16.SECURITIESForm 4 orFiled pursuant to Section 16(a) of the Securities Exchange Act of 14 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| obligations may continue. See Instruction 1(b). | of the Public U 30(h) of the In | • | . . | | | | n | | |
| (Print or Type Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Pe DICHRISTINA MICHAEL F | suer Name and Ticker or Trading ol TSET RESEARCH SYSTEMS [FDS] | | | MS | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Mid FACTSET RESEARCH SYST INC, 601 MERRITT 7 | (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2005 | | | | _X_ Director10% Owner _X_ Officer (give title Other (specify below) | | | |
| (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| NORWALK, CT 06851 | | | | | | Person | More than One Re | eporting | |
| (City) (State) (Z | ^{Zip)} Tabl | e I - Non-De | erivative S | ecuritie | es Acqu | uired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | Code | TransactionAcquired (A) or | |) (| 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| FactSet Common | | Code V | Amount | or (D) I | Price | (Instr. 3 and 4) 229,684 | D | | |
| Stock | | | | | | 227,00 1 | D | | |

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

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 control number.

 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. 5. Number of Transactio/Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | erivative Expiration Date ecurities (Month/Day/Year) cquired (A) Disposed of D) nstr. 3, 4, | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---------|--|--------------------|---|---------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amour or Numbe of Shar |
| FactSet Common Stock | \$ 29 | 04/20/2005 | | А | 35,000 | 04/20/2006 <u>(1)</u> | 04/20/2015 | FactSet Common Stock | 35,00 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DICHRISTINA MICHAEL F FACTSET RESEARCH SYSTEMS INC 601 MERRITT 7 NORWALK, CT 06851 | Х | | President & COO | | | |
| Signatures | | | | | | |
| Michael F | | | | | | |

| Michael F. | |
|--|------------|
| DiChristina | 04/22/2005 |
| <u>**</u> Signature of Reporting Person | Date |

Explanation of Responses:

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).

(1) 20 percent of the option grant is exercisable one year from grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.