FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing	ton, D.C.	20549		
---------	-----------	-------	--	--

OMB APPROVAL

hours per response:

OMB Number: 3235-0287 Estimated average burden

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

						. 0000	1011 00(11) 01	1110 11	TVCStiffCif		ipariy Act of	10-10							
1. Name and Address of Reporting Person* SCHWARTZ LEWIS G						2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>SCHWA</u>	RIZ LEV	<u> VIS G</u>			1 3	11(1	TVLICII	L	11]					Director			10% Ow	ner	
(Last) (First) (Middle)				3. 0	Date of Earliest Transaction (Month/Day/Year)								Officer (g	(give title		Other (s below)	oecify		
56 TOP GALLANT ROAD				03/15/2006								SVP, Gen Counsel							
P.O. BOX	10212				_								_						
(Stroot)					. 4. I ¹	f Ame	ndment, Da	te of (Original F	iled (Month/Day/Y	ear)	6. Ind Line)	ividual or Jo	int/Group I	Filing (Check Appl	cable	
(Street) STAMFOI	RD CT	(06904-2212	2									X	Form file	ed by One	Repor	ting Person		
														Form filed by More than One Reporting Person					
(City)	(Sta	ite) (Zip)																
		Tal	ole I - Nor	ı-Deri	vativ	e Se	curities	Acq	uired,	Disp	osed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5)	or 5. Amoun Securities Beneficia Owned For Reported		Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				11301. 44)			
			Table II -								sed of, o onvertible			wned					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour 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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Stock Appreciation Rights	\$14.44	03/15/2006			A		72,000		05/15/20	07 ⁽¹⁾	05/15/2013	Common Stock	72,000	\$0	72,00	00	D		
Restricted Stock Units	\$0.0005	03/15/2006			J	V	24,000 ⁽²⁾		(2)		(2)	Common Stock	24,000	\$0	24,00	00	D		

Explanation of Responses:

- 1. The stock appreciation right becomes exercisable in four substantially equal annual installments commencing on 5/15/07.
- 2. The RSUs vest in four equal annual installments, beginning on May 15, 2007. The actual number of RSUs granted depends upon the achievement of certain targets set by the Compensation Committee for Gartner?s 2006 Total Sales Bookings for its Research segment. The actual number of RSUs may be between 0% and 200% of the target number depending on whether and the extent to which the targets are achieved.

/s/ Lewis G. Schwartz

03/17/2006

** 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.