FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|-----------|

| | OMB APPRO | VAL | | | | |
|---|--------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burden | | | | | |
| l | hours per response: | 0.5 | | | | |

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* <u>DYKSTRA KAREN E</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | (Ch | eck all app $\overset{\cdot}{X}$ Direc | licable) tor | ig Pers | son(s) to Iss 10% Ov | |
|---|--|------------|---|-----------------|---|---|--|--------|---|----------------------------|-----------------|----------------------------|---|---|---|--------------------|--|---|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2011 | | | | | | | | Office below | er (give title v) | | Other (s below) | pecify | |
| P. O. BOX 10212 | | | | 4. If a | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | RD CT | . 0 | 6902 | | | | | | | | | | Lin | X Form | filed by Mo | • | orting Person | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Code (Instr. 5) 4. Securities Acq Disposed Of (D) (5) | | ties Acquire d Of (D) (Ins | ed (A) or str. 3, 4 and | Benefi Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | | Amount | ount (A) or (D) | | Report Transa (Instr. : | tion(s) | | | Instr. 4) | |
| | | Ta | | | | | | | uired, Dis , options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of I | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | Amount or Number of Shares | | | | | |
| Common Stock Equivalents (CSE) | \$0 | 07/01/2011 | | | A | | 185 | | (1) | | (1) | Common Stock | 185 | \$0 | 5,645 | 5 | D | |

Explanation of Responses:

1. These are Common Stock Equivalents received as compensation for service as an outside director of Gartner, Inc. They were granted under the Company's 2003 Long-Term Incentive Plan (2003 LTIP). The Common Stock Equivalents convert into Gartner Common Stock on the date the outside director's continuous status as a director terminates, or as otherwise provided in the 2003 LTIP.

/s/ Jane Lucas for Karen

07/05/2011

Dykstra

** 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.