FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Christopher MR Thomas</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | (Check a | all app | olicable) ctor | g Person(s) to Issuer 10% Owner Other (specify | |
|---|---|--|------------------------------|--|----------------------------|--|---|---|------------|----------------------|--|--|--|--|---|---|---|---------------------------------------|
| (Last) | ` | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2016 | | | | | | | | X | Officer (give title below) SVP, Execut | | belo | w) |
| (Street) STAMFORD 06902 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (31 | | Zip) | Non-Deriv | /ative | e Sec | uritie | s A | canii | red. D | isposed (| of. or l | Benefici | ially C | wne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | on Year) | 2A. Deemed Execution Date | | te, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. An Secu Bene Owner Repo | | nount of rities ficially ed Following rted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock 05/2 | | | 05/24/20 | 16 | 16 | | | Code | V | 5,773 | (A) or (D) | Price \$100.41 | (In | | 7,319 | D | - | |
| Common | Stock | Та | able | I II - Derivat | tive S | | | | uired | | | or Be | neficial | ly Ow | | 7,313 | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | 4. Transa Code 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | vative rities nired r osed) r. 3, 4 | Exp (Mo | iration I nth/Day | (Year) | 7. Title Amou Secur Under Deriva Secur and 4 | nt of ities lying ative ity (Instr. 3 | 8. Pric Deriva Secur (Instr. | ative ity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$100.31 to \$100.50. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

> /s/ Clare Kretzman for **Christopher Thomas**

05/26/2016

** 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).
- ** 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.