FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

						Coolic	/// OO(11)	, 0, 1110		Council		ipariy Act											
1. Name and Address of Reporting Person FERGUSON DIANA SUE							2. Issuer Name <b>and</b> Ticker or Trading Symbol GARTNER INC [ IT ]											of Reporting Pe cable) or		son(s) to Iss			
(Last)	(First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024										Officer (give title below)			Other (s below)	specify		
56 TOP GALLANT RD.							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) STAMFORD CT 06902																	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication																	
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												that is intende	ed to										
		Tab	le I - Noı	n-Deriv	ative	Sec	curitie	es Ac	qu	uired, C	Disp	osed (	of, or	3en	eficial	ly Ow	nec	d					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,				, Transaction Dispos Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and					es ally Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	/	Amount	(A) or (D) Pr		Price	Transac (Instr. 3		ction(s)			(IIISti. 4)		
Common Stock 04/01/2					1/2024	24			J <sup>(1)</sup>		55	55 A		\$ <mark>0</mark>		1,	,237		D				
		Т	able II -									sed of onverti				/ Own	ed		,	,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Insti				6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Deriva Securi	3. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s los	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ite ercisable		kpiration ate	Title	O N O	umber								
Common Stock Equivalent (CSE)	\$0	04/01/2024			A		55			(2)		(2)	Comm		55	\$477.	44	136		D			
Common Stock Equivalent	\$0	04/01/2024			J <sup>(1)</sup>			55		(2)		(2)	Comm		55	\$0		81		D			

## **Explanation of Responses:**

- 1. This reporting person has elected to receive an immediate distribution of the CSE shares.
- 2. These are Common Stock Equivalents ("CSEs") received as compensation for service as an outside director of Gartner, Inc. They were granted under the Gartner, Inc. Long-Term Incentive Plan ("LTIP"). The CSEs convert into Gartner common stock on the date the outside director's continuous status as a director terminates, or as otherwise provided in the LTIP.

/s/ Kevin Tang for Diana S. 04/03/2024 **Ferguson** 

\*\* 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.