FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |

0.5

hours per response:

| 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

| Name and Address of Reporting Person* Dawkins Alwyn | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|----------|------------------------------|---|--|--------|--------------------------------------|--|-------|--|---|--|---|--|---|---|--|
| | | | | | | 1111 | IVEIX | IIIC | [[11] | ı | | | | ` | Direc | | 10% (| |
| | | | | | | 2. Data of Faylingt Transportion (Month/Day/Voor) | | | | | | | | X Office below | | er (give title w) | Other below | (specify) |
| 56 TOP GALLANT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2015 | | | | | | | | | SVP, | Events | | |
| P.O. BOX 10212 | | | | | 4 If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | - 4. " | 4. II Amendment, Date of Original Flied (Month/Day/Year) | | | | | | | | Line) | | | | |
| STAMFORD CT 06904-2212 | | | 212 | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| , | | | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (SI | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | vative | Sec | uritie | s Ac | quired | d, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | | Execution Date, | | Transaction Disposed Of Code (Instr. | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | and 5) Secu Bene Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 02/28/20 | | | | | | 2015 | | | | | 75(1) | (1) A \$7 | | .9545 | 2 | 23,500 | D | |
| | | Та | ble II - | | | | | | , | | osed of, convertib | | | • | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | Deri Secu (Inst | rice of ivative curity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Represents shares acquired under Gartner Inc.'s 2011 Employee Stock Purchase Plan in a transaction exempt from Section 16(b) pursuant to Rule 16b-3(c).

/s/ Clare Kretzman for Alwyn Dawkins

03/03/2015

** 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.