FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

V	Vas	hing	ton,	D.C.	2054	.9

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 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 Issue (Check all applicable) Director 10% Ow Officer (give title Other (sp									ner				
(Last) (First) (Middle) 56 TOP GALLANT ROAD P.O. BOX 10212				11/	3. Date of Earliest Transaction (Month/Day/Year) 11/05/2019								X Officer (give title Other (specify below) EVP, Conferences					
(Street) STAMFOR	STAMFORD CT 06904-2212				_ 4.1	f Amer	ndme	nt, Date o	of Origina	al File	d (Month/Day/Y	⁄ear)	Line	X Form fi	ed by One	Repor	Check Appl ting Person One Report	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				action	tion 2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		sposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		A) or	5. Amour Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common S	tock			11/05	/2019				M		20,080	A	\$64.64	48,	887		D	
Common Stock 11/05/20				/2019	:019		D		8,230(1)	D	\$157.7	3 40,	40,657		D			
Common Stock 11/05/20				/2019	019		F		5,491 ⁽²⁾	D	\$157.7	3 35,	166	66 D				
Common Stock 11/05/20				/2019	2019		S		1,268	D	\$157.36	157.36 ⁽⁴⁾ 33,		898				
			Table II								posed of, o			Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date, Transac Code (In					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	1				
Stock Appreciation Rights	\$64.64	11/05/2019			M			20,080	02/10/20)15 ⁽³⁾	02/10/2021 ⁽³⁾	Common	ⁿ 20,08	\$0	0		D	

Explanation of Responses:

- 1. Represents shares withheld that had an aggregate value, based on the market price on the date of exercise, substantially equal to the aggregate exercise price of the SARs.
- 2. Represents shares withheld from the settlement of the SARs for the payment of applicable income and payroll tax withholding due upon exercise.
- 3. These SARs became exercisable in four substantially equal annual installments commencing on February 10, 2015 and are fully exercisable.
- 4. This transaction was executed in multiple trades at prices ranging from \$157.36 to \$157.39. 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/ Kevin Tang for Alwyn

11/06/2019

Dawkins

** 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.