FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| o Section 16. Form 4 or Form 5 |
| bligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0. | | | | | | | | |

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* Genovese Yvonne | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (sine title Check (specific | | | | | | |
|--|--|--|-----------------|----|--|--|--|----------------------------------|---------------|---------|--|---|--------------------------------------|--|----------|--|--------------------|---------------------------------------|--|--|
| (Last) (First) (Middle) 56 TOP GALLANT ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2023 | | | | | | | | | X Officer (give title Other (sp below) EVP, Global Product Manageme | | | | | | |
| (Street) STAMF(| | | 6902 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | ′ | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | | 5) | | ties cially I Following | Form (D) o | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | ction(s) | | | (111501.4) | | |
| Common Stock 03/03/20 | | | 03/03/20 | 23 | | | S | | 874 | D | \$334.1 | 18 ⁽¹⁾ 2 | | 2,568 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | onversion Date Execution Date, r Exercise (Month/Day/Year) if any (Month/Day/Year) | | | ransaction of ode (Instr. Deriva | | rative rities iired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | | 7. Title Amou Secur Under Deriva Secur 3 and | nt of ities lying titve ity (Instr. 4) Amount or Number | nt | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | of Shares | | | | | | | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$333.87 to \$334.35. 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 Yvonne

Genovese

03/07/2023

** 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.