Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT |
|---|-----------|
| obligations may continue. See | |

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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>HALL EUGENE A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | | ationship all app Direc | , | | | |
|--|--|--|------------|---|---------|---|--------|--|---------------------|---------------------------------------|---|----------------------|--|---|--|--------------------------------------|--|--|------------|
| (Last) | (Fi | * | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024 | | | | | | | | X | Office below | , | EO | Other (s below) | specify |
| P.O. BOX 10212 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | TAMFORD CT 06904-2212 | | | 2212 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | ty) (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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secui | rities | Acc | quired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execu | Deemed ution Date, / th/Day/Year) | | | | s Acquired (A) If (D) (Instr. 3, 4 | | l and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 02/29 | | | | 02/29/2 | 2024 | | | | J | | 13(1) | A | \$442 | 2.28 1,1 | | 74,173 | | D | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date ty or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares acquired under Gartner, Inc.'s 2011 Employee Stock Purchase Plan (as amended and restated effective September 1, 2021) in a transaction exempt from Section 16(b) pursuant to Rule 16b-3(c).

/s/ Kevin Tang for Eugene A. 03/04/2024 Hall

** 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.