FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| 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

| Name and Address of Reporting Person* Beck Joseph P. | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | | (Check all appl Direct | | or | | rson(s) to Issuer 10% Owner Other (specify | | |
|--|---|--|---|---------|--|---|---|-------|---|-----------------------------|--|--|------------------------------------|---------------------------|--|---|--------------------------------------|--|--|--|
| (Last) 56 TOP | (F GALLANT | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2021 | | | | | | | | | | Officer (give title below) EVP, Global Technology Sales | | | | |
| (Street) STAMFORD CT 06902 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | Form t Perso | | re tha | n One Repo | orting | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | uritie | es Ac | quired | l, Dis | sposed (| of, or Be | enefic | ially | Owne | t | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Ye | | /Year) Exe | | a. Deemed secution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | and 5) Securit Benefic Owned | | es ally Following | Forn (D) o | n: Direct or Indirect nstr. 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 11/3 | | | | 11/30 | /2021 | 2021 | | | М | | 206(1) |) A | \$ | 0 | 5, | 5,180 | | D | | |
| Common | ommon Stock 11/30/202 | | | | /2021 | 2021 | | F | | 86 ⁽²⁾ D \$3 | | \$31 | 2.25 | 5,094 | | | D | | | |
| | | Т | able II | | | | | | | | osed of converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | | Transaction Code (Instr. | | of | | exercis on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | D S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Restricted Stock Units | \$0 | 11/30/2021 | | | M | | | 206 | (1) | | (1) | Common Stock | 206 | | \$0 | 0 | | D | | |

Explanation of Responses:

- 1. Represents shares acquired upon release of RSUs, which convert into common stock on a one-for-one basis. These RSUs vested in four substantially equal annual installments, commencing on November 30, 2018. This represents the 2021 installment.
- 2. Represents shares withheld for the payment of applicable income and payroll withholding taxes.

/s/ Kevin Tang for Joseph P. 12/02/2021 **Beck**

** 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.