FORM 4

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 Check this box if no longer subject

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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>Harris Michael P</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | (Check | all app Direc | cable) or | ng Pe | rson(s) to Is | wner | |
|------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------|-----------------|--------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|---------------------------------------|-------|-----------------------|---------------------------------------------------------------------------------------------------|---------|-------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| (Last) (First) (Middle) 56 TOP GALLANT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2021 | | | | | | | | X | Officer (give title below) EVP, Researce | | Other (sbelow) Ch & Advisory | | | |
| (Street) STAMF(| | ate) (Z | 6904 Zip) | | | | | | te of Original Filed (Month/Day/Year) | | | | | | Form Form Perso | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | quired | , Dis | posed of | , or E | Benefic | cially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I 5) | | | | | and Securi | | ties cially I Following | Forr (D) (| wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | • | Transa | action(s) 3 and 4) | | | (111341.4) | |
| Common Stock 08/11 | | | | 08/11/2 | 021 | | | | S | | 2,060 | D | \$29 | 5.71 8 | | 8,809 | | D | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration D | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | t r | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

/s/ Kevin Tang for Michael P. **Harris**

08/12/2021

** Signature of Reporting Person

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.