FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	0.5								

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

									_		_			_				_				
1. Name and Address of Reporting Person* PAGLIUCA STEPHEN G						2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PAGLIUCA STEPHEN U														:	X Director			10% O	wner			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024										Officer (give title below)			Other (below)	specify			
56 TOP GALLANT RD P.O. BOX 10212					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
																	X Form filed by One Reporting Person					
(Street) STAMFORD CT 06904-2212			12		Form filed by More than One Reporting Person													rting				
					Ru	Rule 10b5-1(c) Transaction Indication																
(City) (State) (Zip)					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.																	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	es Ac	qui	ired, [Disp	osed c	of, or I	Bene	eficial	ly Owned	ł					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Da ay/Year) if any			cution Date,				rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefici Owned	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 01/02						2024			J (1)		51	51 A		\$ <mark>0</mark>	66	66,664		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	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactic Code (Inst 8)				Exp	Date Exe piration onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	0 0	lumber							
Common Stock Equivalents (CSE)	\$0	01/02/2024			A		51			(2)		(2)	Comme		51	\$437.25	1,719	,	D			
Common Stock Equivalents	\$0	01/02/2024			J ⁽¹⁾			51		(2)		(2)	Commo		51	\$0	1,668	3	D			

Explanation of Responses:

- 1. This reporting person has elected to receive an immediate distribution of the CSE shares.
- 2. These are Common Stock Equivalents ("CSEs") received as compensation for service as an outside director of Gartner, Inc. They were granted under the Gartner, Inc. Long-Term Incentive Plan ("LTIP"). The CSEs convert into Gartner common stock on the date the outside director's continuous status as a director terminates, or as otherwise provided in the LTIP.

/s/ Kevin Tang for Stephen G. **Pagliuca**

01/04/2024

** 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.