FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

| Instruc | ction 1(b). | | | Filed | | | | | | ties Exchange mpany Act of | | 1934 | | Lilouis | s per response: | 0.5 |
|--|--|----------|--------|-----------------------------------|---|---|--------------------------------------|---------------------------------------|-------------------|------------------------------------|-------------------------|---|---|---|---|---|
| Name and Address of Reporting Person* Safian Craig | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | heck all a Dir | | | Issuer Owner (specify |
| (Last) 56 TOP | ast) (First) (Middle) 6 TOP GALLANT ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2022 | | | | | | | | ow) " | & CFO | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| STAMFO | ORD C1 | Γ 0 | 6904 | | | | | | | | | | X For | rson | | |
| (City) | (St | rate) (Z | Zip) | | | | | | | | | | | rm filed by Mo rson | ore than One Re | porting |
| | | Table | I Na | n Dorivo | 4: | 20011 | rition Ann | irod | Die | noood of | or Bo | nofici | ally Ou | | <u> </u> | |
| | | Table | 1 - NO | ili-Delliva | itive s | Secui | nues Acq | Juirea | , טוס | posed of, | OI DE | nencia | ally Ow | nea | | |
| 1. Title of \$ | Security (Ins | | I - NO | 2. Transact Date (Month/Day | tion | 2A. De Execu | eemed ution Date, | 3. Transa Code (I 8) | ection | 4. Securities Disposed Of 5) | Acquire | d (A) or | 5. Ai Secu Beni Own | mount of urities eficially led Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| 1. Title of S | Security (Ins | | I - NO | 2. Transact Date | tion | 2A. De Execu | eemed ution Date, | 3. Transa Code (I | ection | 4. Securities Disposed Of | Acquire | d (A) or | 5. Ai Seci Beni Own Repi Tran | mount of urities eficially | Form: Direct (D) or Indirect | of Indirect Beneficial |
| 1. Title of S | <u> </u> | | I - NO | 2. Transact Date | tion y/Year) | 2A. De Execu | eemed ution Date, | 3. Transa Code (I 8) | action (Instr. | 4. Securities Disposed Of 5) | Acquired f (D) (Inst | d (A) or r. 3, 4 and | 5. Ai Seci Ben Own Rep Tran (Inst | mount of urities eficially led Following orted isaction(s) | Form: Direct (D) or Indirect | of Indirect Beneficial Ownership |
| | <u> </u> | tr. 3) | | 2. Transact Date (Month/Day | tion y/Year) | 2A. Do Execuif any (Mont | eemed ution Date, th/Day/Year) | 3. Transa Code (I 8) Code | v Disp | 4. Securities Disposed Of 5) | (A) or (D) A Or Ben | Price \$271. | 5. Ai Sect Bend Own Rep. Tran (Inst | mount of urities efficially led Following orted issaction(s) rr. 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership |

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).

Date

Exercisable

/s/ Kevin Tang for Craig

Security (Instr. 3 and 4)

Amount Number

Shares

Safian

Title

Expiration

Date

** Signature of Reporting Person Date

Following Reported

Transaction(s) (Instr. 4)

09/02/2022

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

- * 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.

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)