| SEC Form 4 | |
|------------|--|
|------------|--|

П

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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 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(b) of the Investment Company Act of 1940 |

| Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
|--|---------|--|---|---|-----------|------------------------------------|------------|-------|---|--|---|-------|--|--|--|
| | | Table I - Non | -Derivative S | ecurities Acqu | uired, | Disp | osed of, o | r Ben | eficially | Owned | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | C1 | 00502 | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (Street) STAMFORD | СТ | 06902 | | | | | | | X | Form filed by On | e Reporting Pers | son | | | |
| , | | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| 56 TOP GALL | ANT RD. | | | | | | | | | | | | | | |
| (Last) | (First) | (Middle) | 3. Date | of Earliest Transac | ction (Mo | onth/C | ay/Year) | | Officer (give title below) | Other below | (specify) | | | | |
| <u>Serra Eileen</u> | L | | | | | | | | X | Director | 10% 0 | Owner | | | |
| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |

| | | | | | | | | | | (U) | | (Instr. 3 | and 4) | | |
|---|---|--|---|---|---|---|-----|--|--------------------|--|--|---|--|--|--|
| | 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. Deemed Execution Date, if any (Month/Day/Year) | Transaction of Code (Instr. De 8) Se Ac (A Di of (Ir | | 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) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Restricted Stock Units | \$0 | 06/03/2021 | | Α | | 1,029 | | (1) | (1) | Common Stock | 1,029 | \$0 | 1,029 | D | |

Explanation of Responses:

1. One hundred percent (100%) of the RSUs shall vest on June 3, 2022, subject to Grantee's continued service as a director through such date.

<u>/s/ Kevin Tang for Eileen Serra</u> 06/07/2021

** 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.