FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden 0.5 hours per response:

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* VA PARTNERS LLC | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT.B] | | | | | | | | heck all ap Dire | onship of Repo all applicable) Director Officer (give tit | | X 109 | Owner |
|--|--|-----|----------|-----------------|---|---|---|-----------------|--|---------|-----------------------------|---|--|---|---|-------------------------------------|---|---|
| (Last) (First) (Middle) ONE MARITIME PLAZA STE 1400 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003 | | | | | | | | belo | | ie | Other (specify below) | |
| (Street) SAN FRANCI | sco C. | A 9 |)4111 | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | Zip) | | | | | | | | | | | | | | | |
| 1 Title of S | Security (Inc | | e I - N | lon-Deriv | | Sec | | s Ac | quire | d, Di | sposed o | | | Illy Own | | 6 Ow | nership | 7. Nature of |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | Execution Date, | | ion Date, | | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | 7. 3, 4 and | Securities Beneficia Owned Fe | Securities Beneficially Owned Following | | Direct Indirect str. 4) | Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class B Common Stock 09/30/2 | | | 09/30/20 | 003 | | P | | 214,700 | A | \$10.89 | 4,967,546 ⁽¹⁾⁽²⁾ | | I | | see footnote ⁽¹⁾⁽²⁾ | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of 2. | | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownersh Form: Direct (D or Indired (I) (Instr. | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. As General Partner and Investment Manager of ValueAct Capital Partners, L.P., ValueAct Capital Partners II, L.P., and ValueAct Capital International, Ltd.
- 2. These securities are also beneficially owned by Jeffrey W. Ubben, George F. Hamel, Jr., and Peter H. Kamin as Managing Members, Principal Owners and Controlling Persons of VA Partners, LLC.

Remarks:

Joint Filer Information Name: ValueAct Capital Partners, L.P. Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003 Name: ValueAct Capital Partners II, L.P. Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003 Name: ValueAct Capital International, Ltd. Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003 Name: Jeffrey W. Ubben Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003 Name: George F. Hamel, Jr. Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003 Name: Peter H. Kamin Address: One Maritime Plaza, Suite 1400, San Francisco, CA 94111 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Gartner Group, Inc. (IT.B) Date of Event Requiring Statement: September 30, 2003

> VALUEACT CAPITAL PARTNERS, L.P., BY VA PARTNERS, L.L.C., ITS 10/02/2003 GENERAL PARTNER By: /s/ George F. Hamel, Jr. Managing <u>Member</u> VALUEACT CAPITAL PARTNERS II, L.P., BY VA PARTNERS, L.L.C., ITS 10/02/2003 GENERAL PARTNER By: /s/ George F. Hamel, Jr. Managing <u>Member</u> VALUEACT CAPITAL <u>INTERNATIONAL, LTD., BY</u> VA PARTNERS, L.L.C., ITS 10/02/2003 **INVESTMENT MANAGER** By: /s/ George F. Hamel, Jr. Managing Member VA PARTNERS, L.L.C. By: /s/ 10/02/2003 George F. Hamel, Jr. Managing

Member

 By: /s/ Jeffrey W. Ubben
 10/02/2003

 By: /s/ George F. Hamel, Jr.
 10/02/2003

 By: /s/ Peter H. Kamin
 10/02/2003

 ** 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.