FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
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* FERGUSON DIANA SUE						2. Issuer Name <b>and</b> Ticker or Trading Symbol GARTNER INC [ IT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FERGUSON DIANA SUE															2	X Director	or		10% O	wner	
(Last)	(Fi	rst)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023											Officer below)	(give title		Other (below)	specify		
56 TOP GALLANT RD.						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person							
STAMFORD CT 06902						Form filed by More than One Repor Person													orting		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intende satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													ed to								
		Tab	e I - Noi	n-Deriv	/ative	Se	curitie	es Ac	qu	ired, [	Disp	osed (	of, or B	enefi	ciall	y Owne	t				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution D			,		ansaction Dispos ode (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a			Benefici Owned F	es Formally (D) (Following (I) (I		n: Direct	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) (D)	or Pr	ice	Reported Transact (Instr. 3	ction(s)			(Instr. 4)				
Common Stock 04/03/2							2023			J <sup>(1)</sup>		81	81 A		\$ <mark>0</mark>	9	970		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. Transactio Code (Inst 8)				6. Date Exercisal Expiration Date (Month/Day/Year				Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		kpiration ate	Title	Amo or Num of Shar	ber						
Common Stock Equivalent (CSE)	\$0	04/03/2023			A		81			(2)		(2)	Commor Stock	8	1	\$324.71	162		D		
Common Stock Equivalent	\$0	04/03/2023			J <sup>(1)</sup>			81		(2)		(2)	Commor Stock	8	1	\$0	81		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 ("CSE") received as compensation for service as an outside director of Gartner, Inc. They were granted under the Company's 2014 Long-Term Incentive Plan ("2014 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 2014 LTIP.

/s/ Kevin Tang for Diana S. **Ferguson** 

04/05/2023

\*\* 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.