FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* WEBB MAYNARD G JR | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | (Ch | eck all appli X Directo | cable) or | 10% | | ner | |
|--|---|---------------------|---|--------|---|--|------------------------------------|--|--------------------|--|---|---|--|-----|---|---|--|
| (Last) (First) (Middle) 56 TOP GALLANT RD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2005 | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| P.O. BOX 10212 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) STAMFORD CT 06904-221 | | 06904-2212 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deri | vative | Sec | urities | s Ac | quired, Di | sposed o | of, or Be | neficial | ly Owned | I | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | Benefici | es Formalially (D) Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | (11150.4) | |
| 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 | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | nber tive ties red sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Common Stock Equivalents (CSE) | \$0 | 10/03/2005 | | A | | 1,156 | | (1) | (1) | Common Stock | 1,156 | \$0 | 19,461 | - | D | | |

Explanation of Responses:

1. These are Common Stock Equivalents received as compensation for service as an outside director of Gartner, Inc. They were granted under the Company's 2003 Long-Term Incentive Plan (LTIP). The Common Stock Equivalents convert into Gartner Common Stock on the date the outside director's continuous status as a director terminates, or as otherwise provided in the 2003 LTIP or the 1993 Directors' Stock option plan for prior transactions.

/s/ Kevin Feeney for Maynard

<u>Webb</u>

** Signature of Reporting Person

10/04/2005

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.