FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 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* KUTNICK DALE						2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KUIN	ICK DAL	<u>.E</u>			٦	7110	1111	<u>It II tO</u>	[11]						Directo			10% O		
					_	2. Data of Faulicat Transaction (Month/Day/Mass)									below)	Officer (give title below)		Other (below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2013									SV	SVP, Executive Programs				
56 TOP GALLANT RD																				
P.O. BOX 10212					4.	If Ame	endme	ent. Date o	f Original	Filed	(Month/Da	6. Individual or Joint/Group Filing (Check Applicable								
(Street)					_			,			(,, ,		Line)						
STAMFORD CT 06904-2212			12									X		,		orting Perso				
				-										Form fil Person	Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tal	ole I - No	n-Deri	ivativ	e Se	curi	ties Ac	quired.	Dis	posed o	f, or Be	nefi	cially	Owned					
1. Title of S	Security (Ins			2. Tran		_	2A. De		3.		4. Securiti				5. Amour	nt of	6. Ov	vnership	7. Nature of	
Date (Month/D				/Day/Ye				Transaction Code (Instr. 3, 4			and 5) Securitie Beneficia		ally (D) o		n: Direct or Indirect	Indirect Beneficial Ownership				
							(Month/Day/Year)		8)					Owned F Reported	ı	(I) (In	str. 4)	(Instr. 4)		
									Code	۱v	Amount	(A) o (D)	r Pr	ice	Transacti (Instr. 3 a					
Common Stock 02/22/2					2/201	.3			М		5,216(2) A		\$ <mark>0</mark>	158	3,838		D		
Common Stock 02/22/2					2/201	/2013					2,416 ⁽³) D	\$	48.61	156,422			D		
			T-1-1- 11	Dania	- 4:				atara at P	··			- 6: - :	- 11 4						
			Table II -								osea ot, convertik				Jwnea					
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deeme	d	4. Transa		5. Number of Derivative		6. Date Exercisable and 7. T			7. Title a	nd	İ	8. Price of Derivative	9. Numbe		10. Ownership	11. Nature	
Security (Instr. 3)	or Exercise Price of Derivative Security		if any (Month/Day	´	Code (8)				(Month/i			Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Security (Instr. 5)	Securities Beneficial Owned Following Reported	s Illy J	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				ŀ			+	•					Am	nount		Transacti (Instr. 4)				
													or	nber						
					Code	v	(A)	(D)	Date Exercisable	able	Expiration Date	Title	of Sha	res						
Restricted Stock Units	\$0	02/22/2013			M			5,216 ⁽²⁾	(1)		(1)	Common	5,2	216	\$0	10,43	2	D		

Explanation of Responses:

- 1. These performance-based RSUs were awarded on February 22, 2011 and vest in four substantially equal annual installments, commencing on 2/22/2012, the date the performance metric was certified and the actual number of RSUs awarded was determined.
- 2. Represents shares acquired upon the release of RSUs.
- 3. Represents shares withheld from the released RSUs for the payment of applicable income and payroll withholding taxes due on release.

/s/ Jane Lucas for Dale Kutnick 02/25/2013

** 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.