FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>HALL EUGENE A</u>						2. Issuer Name and Ticker or Trading Symbol GARTNER INC [ IT ]									ionship of Reporting all applicable) Director		Person(s) to Issuer 10% Owner			
(Last) 56 TOP GA	(First) (Middle) CGALLANT ROAD DX 10212					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2015									Officer (give title below)		Other (speciallow)		pecify	
(Street) STAMFOF			06904-221	2	- 4. I	If Ame	ndme	nt, Date of	f Original Filed (Month/Day/Year)					ie) X For For	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		(Zip)																	
		Та	ble I - No	n-Deri	vativ	∕e S∈	curi	ties Ac	quired,	Dis	posed of	, or Ben	eficial	y Owne	d					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr.		4. Securition Disposed (	es Acquired Of (D) (Instr	d (A) or r. 3, 4 and	Beneficially Owned Following		,	Form:	Direct Indirect I	7. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	nt (A) or (D)		Trans	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common S	tock			05/1	5/201	15			G	V	600(1)	D	\$0	1	1,179,602 D					
Common S	tock			05/1	8/201	15			М		135,02	4 A	\$38.	05 1	1,314,626 D					
Common S	tock			05/1	8/201	15			F <sup>(3)</sup>		37,208	D	\$87.	76 1,277,418 D						
Common S	tock			05/1	8/201	15			D <sup>(4)</sup>		58,543	D	\$87.	7.76 1,218,875 D						
			Table II -	Deriva (e.g.,	ative puts	Sec , cal	uriti Is, w	es Acqı arrants	uired, C , optio	Dispo	osed of, convertib	or Bene le secui	ficially rities)	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution D		Date, Transaction Code (Instr.		n Derivative I		6. Date E Expiratio (Month/D	n Date	of Securities		ties ig e Security	Derivative Security		9. Number derivative Securities Beneficia Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Share			Transaction(s) (Instr. 4)		<u>'</u>		
Stock Appreciation Rights	\$38.05	05/18/2015			М			135,024	02/22/2012 <sup>(2)</sup>		02/22/2018	Common Stock 135		24 \$0	\$0 0			D		

## **Explanation of Responses:**

- 1. These shares were gifted by Mr. Hall.
- $2. \ These \ SARs \ became \ exercisable \ in four \ substantially \ equal, \ annual \ installments \ commencing \ on \ 2/22/2012 \ and \ are \ fully \ exercisable.$
- 3. Represents shares withheld from the settlement of the SARs for the payment of applicable income and payroll tax withholding due upon exercise.
- 4. Represents the simultaneous sale back to the issuer of this number of shares having an aggregate value, based on the market price on the date of exercise, substantially equal to the aggregate exercise price of the SARs.

/s/ Clare Kretzman for Eugene

05/19/2015

\*\* 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.