Edgar Filing: GARTNER INC - Form 4

| GARTNER Form 4 | INC | | | | | | | | | | |
|---|---------------------------------|-------------|--|--|--------------|-----------|--|--|--|----------------------------|--|
| February 10 | , 2014 | | | | | | | | | | |
| FORM | 14 _{UNITEI} | D STATES | S SECUR | RITIES A | ND EX | СНА | NGE C | OMMISSION | OMB AF OMB | PROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE Washington, D.C. 20549 | | | | | | | | Number: Expires: | 3235-0287 January 31, | | |
| if no longer subject to Section 16. Form 4 or | | | | IGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Estimated average burden hours per response 0. | | |
| Form 5 obligation may con <i>See</i> Instr 1(b). | tinue. Section 1 | 7(a) of the | Public U | | ling Con | npany | y Act of | e Act of 1934, 7 1935 or Section 0 | 1 | | |
| (Print or Type | Responses) | | | | | | | | | | |
| | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Check | | | | x an applicable) | | | | |
| 56 TOP GA BOX 10212 | ALLANT ROAI 2 | D, P.O. | (Month/E 02/09/2 | - | | | | Director X Officer (give below) SVP, H | | Owner er (specify ce | |
| | (Street) 4. If Ame Filed(Mon | | | | te Origina | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| STAMFOR | RD, CT 06904-2 | 212 | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| (Instr. 3) any | | | | 4. Securities Acquired action(A) or Disposed of (D) (Instr. 3, 4 and 5) 8) (A) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 02/09/2014 | | | М | 4,231 (2) | A | \$0 | 28,852 | D | | |
| Common Stock | 02/09/2014 | | | F | 1,788 (3) | D | \$ 65.33 | 27,064 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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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) | Code | Transaction of Derivative Code Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|--------|--|------------------|--|--------------------|---|----|
| | | | Code V | (A) (D) | Date Exercisa | Expiratior ble Date | ¹ Title | Amount or Number of Shares | |
| Restricted Stock Units | \$ 0 | 02/09/2014 | М | 4,23 (2) | (1) | (1) | Common Stock | 4,231 | \$ |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Kranich Robin B 56 TOP GALLANT ROAD P.O. BOX 10212 STAMFORD, CT 06904-2212 | | | SVP, Human Resource | | | | |
| Signatures | | | | | | | |
| /s/ Jane Lucas for Robin B. Kranich | | 02/10/2014 | | | | | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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).

- (1) These RSUs vest in four substantially equal installments, commencing on 02/09/2013.
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.