Edgar Filing: FUCHS ANNE SUTHERLAND - Form 4

FUCHS ANN Form 4 July 05, 2018	E SUTHERLAN	D									
FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir <i>See</i> Instruct 1(b).	box STATEM Filed purs Section 17(a	ENT OF uant to So) of the P	Wasl CHANG ection 16 ublic Uti	hington, GES IN I SECUR (a) of the lity Hold	D.C. 205 BENEFI ITIES e Securiti	549 CIAI es Ex pany	L OW schang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per	
	esponses) Idress of Reporting P NE SUTHERLAN	ND	2. Issuer Symbol GARTN		Ticker or [Гradin	g	5. Relationship of Issuer			
(Last) (First) (Middle) 3. Date of				te of Earliest Transaction th/Day/Year) 2/2018				(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)		Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	Person quired, Disposed o	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned 1 Date, if	3. Transacti Code (Instr. 8)	4. Securi onAcquirec Disposed (Instr. 3, Amount	ties l (A) o l of (D	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	07/02/2018			J <u>(2)</u>	87	А	\$0	26,926	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.

 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	ionNumber 1 of		Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Security (Instr. 5
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Equivalent (CSE)	\$ 0	07/02/2018		A	87		<u>(1)</u>	<u>(1)</u>	Common Stock	87	\$ 133
Common Stock Equivalent (CSE)	\$ 0	07/02/2018		J <u>(2)</u>	8	87	<u>(1)</u>	<u>(1)</u>	Common Stock	87	\$ 0

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FUCHS ANNE SUTHERLAND 56 TOP GALLANT RD P.O. BOX 10212 STAMFORD, CT 06904-2212	Х						
Signatures							
/s/ Brian Callahan for Anne Suthe	07/0)5/2018					

Fuchs 0

**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).

These are Common Stock Equivalents (CSE) received as compensation for service as an outside director of Gartner, Inc. They were (1) granted under the Company's 2014 Long-Term Incentive Plan (2014 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 2014 LTIP.
- (2) This reporting person has elected to receive an immediate distribution of the CSE shares.

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.