FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Beck Joseph P. | | | | | | 2. Issuer Name and Ticker or Trading Symbol GARTNER INC [IT] | | | | | | | | | ck all appl Direct | or | | 10% Owner | | |
|--|---|--|--|------------------------------|---|---|--|-------|---------------------------------------|---------|--------------------------|---|----------|------------------------------|---|--|---|--|--|--|
| (Last) 56 TOP | (F GALLANT | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2018 | | | | | | | | | | Officer (give title below) Other (specify below) EVP, Global Technology Sales | | | | |
| (Street) STAMFORD CT 06902 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | (S | tate) | Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deri | vative | Sec | curiti | es Ac | quired | Dis | posed | of, or E | enef | ficially | y Owne | d | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans Date (Month/I | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transa Code (| | | ities Acqu d Of (D) (Ir | | | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | | ted action(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock | | | | 04/30 | 04/30/2018 | | | | M | | 143 | A | | \$ <mark>0</mark> | 9 | 9,387 | | D | | |
| Common Stock | | | | 04/30/2018 | | | | | F | | 59 ⁽²⁾ |) <u> </u> | D \$121. | | 9,328 | | | D | | |
| | | Т | | | | | | | | | osed of converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Ex Expiration (Month/Da | Date | • | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | [S | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | ount nber ıres | | | | | | |
| Restricted Stock | \$0 | 04/30/2018 | | | M | | | 143 | (1) | | (1) | Commor Stock | 1 | 43 | \$0 | 286 | | D | | |

Explanation of Responses:

- $1.\ These\ RSUs\ are\ scheduled\ to\ vest\ ratably\ over\ three\ years\ on\ April\ 30,\ 2018,\ April\ 30,\ 2019,\ and\ April\ 30,\ 2020.$
- 2. Represents shares withheld from released RSUs for the payment of applicable income and payroll withholding taxes due on release.

/s/ Kevin Tang for Joseph P.

05/07/2018

Beck

** 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.