FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|
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| 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

| Name and Address of Reporting Person* Moldt Claus | | | | | 2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO] | | | | | | | ck all applica Director | 10% Owner | | | ner | |
|--|-------|--|---|------------------------------|--|--|-----|--|---|--|-----------------|---|---|---------------|--|---------------------------------------|------------|
| (Last) 181 METE | (Firs | st) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/19/2020 | | | | | | X | Conficer (give title below) Conficer (give title below) Conficer (give title below) Executive Vice President & CTO | | | | | |
| (Street) SAN JOSI (City) | E CA | | 5110 Zip) | — 4. It | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc Line) | Form file | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amount Securities Beneficial Owned Fo | Form ly (D) o | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction (Instr. 3 ar | | | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | ble | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | |
| Performance Share Units | (1) | 11/19/2020 | | A | | 6,432 ⁽²⁾ | | 12/10/202 | 20(3) | (4) | Common Stock | 6,432 | \$0.00 | 6,432 | 2 | D | |

Explanation of Responses:

- 1. Each earned performance share unit represents a right to receive one share of Fair Isaac common stock contingent upon continued employment.
- 2. On November 19, 2020 the Leadership Development and Compensation Committee of the Board of Directors of Fair Isaac Corporation determined that the reporting person earned the number of performance share units reported on this Form 4 based on achievement of certain performance metrics.
- 3. The performance share units vest in three equal annual installments commencing on this date and one share will be delivered to the reporting person for each vested unit as soon as practicable thereafter.
- 4. No expiration date.

Remarks:

/s/ Carrie H. Darling, Attorney-11/23/2020 in-fact

** 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.