FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	EFICIAL C	WNERSHIP	)

ı	OIVID APPROVAL									
ı	OMB Number:	3235-028								
	Estimated average burd	len								

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*				2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [ FICO ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Huyard</u>	<u>Wayne El</u>	<u>lliot</u>				111( 1	SAAC	. CC	<u>/IXI [</u> [	ico	J			Directo			10% Ow Other (s	-	
(Last)	(Firs	st) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year)							below)	w) below)		below)	pecily		
181 METRO DRIVE					11/2	11/21/2016 Executive Vice President													
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN JOSI	E CA	. 9	5110											X Form fi	led by One	Repor	rting Person		
(City)	(Sta	oto) (7	Zin)										Form filed by More than One Reporting Person						
(City)	(318	(2	Zip)																
		Tab	le I - Nor	-Deriv	ative	Sec	curities	Acc	quired,	Dis	posed of	, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 1)			5) Securitie Beneficia Owned F	Securities Beneficially Owned Following		Direct Indirect I	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
		7	able II - I								osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Transa Code (				ive ies ed ed nstr.	Expiration Do (Month/Day/\text{\text{Month/Day/\text{\text{Month/Day/\text{\text{Both}}}}}  d d estr.		•	7. Title and of Securiti Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ive ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares						
Performance Share Units	(1)	11/21/2016 <sup>(2)</sup>			A		14,009		12/08/201	.6 <sup>(3)</sup>	(4)	Common	14,009	\$0.00	14,009	9	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 21, 2016 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:

Nancy E. Fraser, Attorney-infact

11/21/2016

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.