Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL
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hours per response:	0.5

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* <u>Rees Joanna</u> (Last)       (First)         (Middle)         5 WEST MENDENHALL         SUITE 105         (Street)         BOZEMAN       MT         59715						2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [ FICO ] 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Ch 6. Ir Line	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)         X       Director       10% Owner         Officer (give title below)       Other (specify below)         6. Individual or Joint/Group Filing (Check Applicable Line)       X         X       Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Check this box to indi					Transaction Indication dicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to e defense conditions of Rule 10b5-1(c). See Instruction 10.							d to			
		Tab	le I - Nor	n-Deriv	vative	e Se	curiti	es A	cqu	uired, I	Disp	osed o	of, or	Bene	eficial	y Owned	ł			
1. Title of Security (Instr. 3)				2. Trans Date (Month	saction /Day/Ye	- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		·	a, 3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic	nt of 6. O es Forr ally (D) o Following (I) (I		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(4	A) or D)	Price	Transac (Instr. 3	tion(s)			(
Common Stock																22,118		I		John Hamm & Joanna Rees Trust
		٦	Fable II -									osed of, onverti				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 I if any (Month/Day	Date,		I. 5. Number 6. I Fransaction of Exp Code (Instr. Derivative (Mo			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)						8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title		Amount or Jumber of Shares					
Non- Qualified Stock Options (right to buy)	\$1,293.84	02/14/2024			A		227		02/	14/2024 <sup>(</sup>	I) <b>O</b>	2/13/2031	Comn Stoc	non !k	227	\$0.00	227		D	
Non- Qualified Stock Options (right to buy)	\$1,293.84	02/14/2024			A		705			(2)	0	2/13/2031	Comn Stoc		705	\$0.00	705		D	

## Explanation of Responses:

1. The reporting person has elected to take her annual cash retainer in the form of stock options pursuant to the Corporation's Compensation Program for Non-Employee Directors.

2. The grant will vest on the date of the Corporation's 2025 Annual Shareholder Meeting ("ASM").

## Remarks:

<u>/s/</u>	Carrie I	Η.	Darling,	Attorney-	02/16/2024
in	faat				02/16/2024

in-fact

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.