FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

	OMB Number:	3235-0287						
	Estimated average bur	den						
ı	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

1. Name and Address of Reporting Person* KIRSNER JAMES					2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MIKSIN	EK JAWI	<u>E5</u>			-						•			Directo	r		10% Ow	ner
(Last) (First) (Middle) 181 METRO DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2018								Officer below)	(give title	Other (below)		pecify
						If Amo	ndmont	Data o	f Original I	Eilod	(Month/Day	(Voor)	6 In	dividual or 1	oint/Croup F	iling (C	hock App	licable
				- 4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	CE C	•	05110											Y Form fi	led by One	Reportir	ng Person	1
SAN JOSE CA 95110				_								Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tal	ole I - Nor	n-Deri	vativ	e Se	curitie	es Aco	quired,	Dis	osed o	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I				action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)				Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(1	Instr. 4)	
			20/20	1/2010			1		2.400		\$0.00		20-	_		Kirsner		
Common Stock 02/2			28/201	8/2018			M		2,109	2,109 A		22,205		I		Family Frust		
			Table II -											Owned				
				(e.g.,	puts,	, call	s, war	rants	, option	s, c	onvertib	le secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	y Di or (I)	o. wnership orm: irect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)
													Amount		(Instr. 4)	(3)		
													or Number					
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Shares					
Restricted Stock Units	(1)	02/28/2018			М			2,109	02/28/20:	18	02/28/2018	Common Stock	2,109	\$0	0		D	
Restricted Stock Units	(1)	02/28/2018			A		1,573		(2)		(3)	Common Stock	1,573	\$0	1,573		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive one share of Fair Isaac common stock contingent upon continued service on the board.
- 2. The grant will vest on the date of the Corporation's 2019 Annual Shareholder Meeting ("ASM").
- 3. The grant will expire after the vesting of shares on the date of the Corporation's ASM.

Remarks:

/s/Nancy E. Fraser, Attorney-

in-fact

02/28/2018 ** 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.