FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,

| Washington, D.C. 20049 | OMB APPRO | JVAL |
|--|------------------------|-----------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |
| OTHER CONTROLS IN BEITER TOTAL OWNERORIII | Estimated average burd | den |

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

| Name and Address of Reporting Person* Rees Joanna | | | 2. Issuer Name and Ticker or Trading Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------------|----------|---|--|---|-----------------------|--|--|--|--|
| | | | FAIR ISAAC CORP [FICO] | X | Director | 10% Owner | | | | |
| (Last) 181 METRO I | (First) DRIVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | Officer (give title below) | Other (specify below) | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Chec Line) | | | | | | |
| SAN JOSE | CA | 95110 | | X | Form filed by One Re Form filed by More the Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|---|--|------------|------------------------|-----------------------------|---|-------------|---------------|---------|---|---------------------------------|--|--|
| Common Stock 06/17/2021 M 4,660 A \$83.31 9,040 D Common Stock 06/17/2021 S 4,660 D \$500 4,380 D Common Stock 06/17/2021 S 4,660 D \$500 4,380 D Common Stock Image: Common St | 1. Title of Security (Instr. 3) | Date | Execution Date, if any | Transaction Code (Instr. | | Disposed Of | | | Securities Beneficially Owned Following | Form: Direct (D) or Indirect | of Indirect Beneficial Ownership | |
| Common Stock 06/17/2021 S 4,660 D \$500 4,380 D John Hamm & Joanna Rees | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) | | (11150.4) | |
| Common Stock John Hamm & 4,000 I John Rees | Common Stock | 06/17/2021 | | M | | 4,660 | A | \$83.31 | 9,040 | D | | |
| Common Stock 4,000 I Hamm & Access Rees | Common Stock | 06/17/2021 | | S | | 4,660 | D | \$500 | 4,380 | D | | |
| | Common Stock | | | | | | | | 4,000 | I | Hamm & Joanna Rees | |

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|--|---|--|---|------------------------------|---|--|---|---------------------|--------------------|-----------------|--|-----|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) (Disp of (I | of Expiration Date (Month/Day/Year) Securities Acquired | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Option (right-to- buy) | \$83.31 | 06/17/2021 | | М | | | 4,660 | 02/15/2017 | 02/23/2022 | Common Stock | 4,660 | \$0 | 4,660 | D | |

Explanation of Responses:

Remarks:

/s/ Carrie H. Darling, Attorney-06/21/2021 in-fact

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).