FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C	20549	
rvasiliigion,	D.C.	20343	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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

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1. Name and Address of Reporting Person* <u>Leonard Michael S</u>						2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 5 WEST SUITE 1	5 WEST MENDENHALL					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021								helow)		ice P	below)	, , ,	
———					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOZEM	ozeman MT 59715											- 1	Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)											Person					
		Tab	le I - No	n-Deri\	/ative	e Se	curiti	es A	cquired	, Dis	sposed o	f, or Be	neficial	ly Owned	t				
Date				2. Transa Date (Month/I	/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Common Stock 12/10						2021				780	A	\$0.00	9,38	83.04		D		
Common	Common Stock 12/10				/2021	2021		F		271 ⁽¹⁾ D		\$407.4	49 9,1	9,112.04		D			
		٦	Γable II -								osed of, convertil			Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (8)				6. Date Exerci Expiration Da (Month/Day/Y			7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	(2)	12/10/2021			M			397	12/10/201	9(3)	(4)	Common Stock	397	\$0.00	397		D		
Restricted Stock Units	(2)	12/10/2021			М			219	12/10/202	o(3)	(4)	Common	219	\$0.00	438		D		
Omts		12/10/2021						219	12/10/202			Stock							
Restricted Stock Units	(2)	12/10/2021			M			164	12/10/202	\dashv	(4)	Common Stock	164	\$0.00	492		D		

Explanation of Responses:

- 1. Shares withheld by Company for payment of taxes due at vesting from earned market share units, earned performance share units and restricted stock units.
- 2. Each restricted stock unit represents a right to receive one share of Fair Isaac common stock contingent upon continued employment.
- 3. The restricted stock units vest in four equal annual installments commencing on this date and vested shares will be delivered to the reporting person as soon as practicable thereafter.
- 4. No expiration date.

Remarks:

/s/ Carrie H. Darling, Attorney-12/14/2021 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.