FORM 4

UNITED STATE

S	SECURITI	ES AND E	EXCHANGE	COMMISSION
_				

Washington, D.C. 20549

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Wehmann James M						2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 5 WEST MENDENHALL, SUITE 105					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024								Officer (give title below) Control of the Control						
(Street) BOZEMAN MT 59715 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)						
		Tab	le I - Non-	Deriv	vative	e Se	curities	Acc	uired,	Dis	posed of,	or Bene	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date						Execution Date		Date,	Transaction Disposed O Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned For Reported	Forr ly (D) (Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar					
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)	Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if a			Date, Tr		ction Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	vii(2)			
Performance Share Units	(1)	11/14/2024			A		4,060 ⁽²⁾		12/09/20	24 ⁽³⁾	(4)	Common Stock	4,060	\$0.00	4,060		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 14, 2024, 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:

/s/ Carrie H. Darling, Attorneyin-fact

11/18/2024

** 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.