FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWIB APPROVAL								
OMB Number:	3235-028							
Estimated average b	urden							

0.5

hours per response:

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* Scadina Mark R					2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [ FICO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					1111	01111	<u> </u>	<u> </u>	100	J			Directo	r		10% Ov	/ner	
			Middle)	-   3. D	ate of	Earliest	Trans	action (Mo	nth/E	Dav/Year)			X Officer below)	(give title		Other (s below)	pecify	
(Last)	(Firs		11/12/2019								EVP, Gen. Counsel & Sec.							
181 METRO DRIVE																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN JOSE CA 95110											X Form filed by One Reporting Person							
SAN JUSI	E CA	. 9	5110											,		Ü		
(City)	(Sta	te) (3	Zip)	_									Persor		e tnan	One Repor	ting	
(City)	(314	(2	-ip <i>)</i>															
		Tabl	e I - Non-Der	ivative	Sec	curities	s Ac	quired,	Dis	posed of	f, or Ben	eficial	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	Forn ly (D) c	Form (D) or		7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
		т	able II - Deriv	ative 9	Secu	rities	Acα	uired D	isno	nsed of		ficially		,				
		•								onvertib			O.m.ou					
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	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						
Dayform or				+	<u> </u>	100	-		$\dashv$					-			<del>                                     </del>	
Performance Share Units	(1)	11/12/2019 <sup>(2)</sup>		A		8,834		12/10/2019	9 <sup>(3)</sup>	(4)	Common Stock	8,834	\$0.00	8,834	.	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 12, 2019 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, Attorney-

11/13/2019

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.