FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DEAL RICHARD					<u>FA</u>	2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO]									eck all applic Directo V Officer	ationship of Reportin k all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owner Other (specif below)		
(Last) (First) (Middle) 901 MARQUETTE AVENUE SUITE 3200						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2011										Sr. Vice President				
(Street) MINNEAPOLIS MN 55402 (City) (State) (Zip)					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	<u> </u>	Tah	le I - No	n-Deriv	vative	- Se	curit	ίρς Δ	cauire	l Di	hazana	of or	Ren	oficial	ly Owner	<u>.</u>				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trans	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned F	nt of 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)		Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common Stock 12/				12/18	3/2011	/2011			М		7,91	7,916 A		(1)	46	46,553		D		
Common Stock 12/1			12/18	3/2011	011		F		3,379	3,379 ⁽²⁾ D \$		\$36.3	8 43	43,174		D				
		٦	Гable II -	Deriva (e.g., p	tive S	Sec cal	uritie Is, wa	s Acc	quired, s, optic	Disp ons,	osed of	f, or E ible s	Benef ecur	ficially ities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number n of		6. Date Exercisa Expiration Date (Month/Day/Year		sable and	7. Tit Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	ly Owner Form Direct or Inc. (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)	Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Units	(1)	12/18/2011			М			2,083	12/18/20	08 ⁽³⁾	(4)	Com		2,083	\$0.00	0		D		
Restricted Stock Units	(1)	12/18/2011			М			2,916	12/18/20	09 ⁽³⁾	(4)	Com		2,916	\$0.00	2,916	5	D		
Restricted Stock	(1)	12/18/2011			M			2,917	12/18/20	10 ⁽³⁾	(4)	Com		2,917	\$0.00	5,832		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive one share of Fair Isaac common stock contingent upon continued employment.
- 2. Shares withheld by Company for payment of taxes due at vesting from restricted stock units.
- 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/Nancy E. Fraser, Attorneyin-fact

12/21/2011

** 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.