FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHAI | NGES IN | BENEFIC | CIAL OW | NERSHI |
|-----------|---------|---------|---------|---------|--------|

| - 1 | | | | | | |
|-----|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
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| | hours per response: | 0.5 | | | | |

OMB APPROVAL

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* <u>KASSARJIAN RAFFI M</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FIC] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---|--|---|-----------------|------------------------------|---|-------|--|---|------------------------------|---|--|--|--|---|-------------|--|---------------------------------------|
| (Last) 901 MAI | RQUETTE | irst) AVENUE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2004 | | | | | | | | X Officer below) | | | Other (s below) ent | pecify |
| (Street) | | | | | _ 4. | If Ame | endme | ent, Date | of Origina | l File | d (Month/Day | //Year) | Line |)) | · | Ū | (Check App | |
| . , | APOLIS M | IN | 55402 | | | | | | | | | | | Form f | iled by Mor | | rting Person One Report | - 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Persor | 1 | | | |
| | | Та | ble I - N | on-Der | ivativ | e Se | curi | ties Ac | quired | , Di | sposed of | f, or Beı | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Transaction Disposed Of (| | s Acquired (A) or f (D) (Instr. 3, 4 and 5) | | Securiti Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | : Direct I r Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | ction(s) | | (| (Instr. 4) | | |
| Common Stock 12/22/20 | | | | | 2/2004 | 004 | | M | | 10,000 | A | \$12.42 | 59 17 | ,625 | | D | | |
| Common Stock 12/22/20 | | | | 2/2004 | 004 | | S | | 10,000(1) | D | \$35.9 | 7, | 625 | | D | | | |
| | | | Table II | | | | | | | | posed of, convertib | | | Owned | | | | |
| 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 Exercis Expiration Date (Month/Day/Ye | | te | 7. Title and Amoun 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 (Instr. 4) | is Billy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$12.4259 | 12/22/2004 | | | M | | | 10,000 | 05/17/200 |)1 ⁽²⁾ | 05/17/2010 | Common Stock | 10,000 | \$0.00 | 27,24 | 9 | D | |

Explanation of Responses:

- 1. Sold pursuant to insider's 10b5-1 plan.
- 2. This option vests in four equal annual installments commencing on this date.

Remarks:

/s/ Raffi M. Kassarjian

** Signature of Reporting Person

12/22/2004 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.